

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92a

05366
300

Reg. Dlat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
 County Washington
 City or town Rural Sharpsburg Md.
(If outside city or town limits, write RURAL and give nearest town)
 Seven Years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Rural Sharpsburg Md.
(If outside city or town limits, write RURAL and give nearest town)
 Street No. Sharpsburg Md.
(If rural, give LOCATION)
 2.(a) If veteran, name war.

3.(a) FULL NAME
 Mary Frances Ruffner Abbott

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married
Peter Simon Abbott		

6.(b) Name of husband or wife Peter Simon Abbott

6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jan. 21 1890.

8. AGE: Years Months Days If less than one day

58 5 9 hrs. min.

9. Birthplace Luray Va.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housewife

MOTHER FATHER 12. Name John David Ruffner

13. Birthplace Luray Va.

14. Maiden name Nancy Elizabeth Bungardner

15. Birthplace Luray Va.

16. Informant Mr. Peter Simon Abbott

Address Boonsboro Md. R.F.D. 1

Burial Date thereof May 15 1948
(Burial, cremation, or removal, Which?)

Cemetery or crematory Beahm Chapel Luray Va.

Location Luray Va.

18. Funeral director Edith V. Leaf

Address Williamsport Md.

19. 6/12 1948 Elv Raynor
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1948 to May 12 1948

and that I last saw her alive on May 11 1948

Immediate cause of death Myocarditis

Acute Regurgitation

Due to No Cause Known.

Due to No Cause Known.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

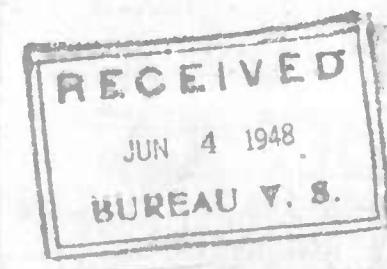
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Elv Raynor M. D. or other

Address Williamsport Md. Date signed 5/13/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

486

05367
Reg. Dist. No. 304

1. PLACE OF DEATH:

County Washington
City or town Rural Hancock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Catherine McCusker Barnhart

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Charles C. Barnhart

7. Birth date of deceased (mo., day, yr.)

Sept. 21, 1881

6. (c) If alive, give age 78 years

8. AGE:

Years	Months	Days	If less than one day
66	8	2	- hrs. - min.

9. Birthplace Washington Co., Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Abner McCusker

13. Birthplace Washington Co., Md.

14. Maiden name Sarah Bridges

15. Birthplace Allegany Co., Md.

16. Informant Theodore F. Barnhart

Address Route 1, Hancock, Md.

17. Burial Date thereof May 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet Presbyterian

Location On Route 40 West of Hancock

18. Funeral director Charles R. Bast

Address Hancock, Md.

May 24, 1948
(Date received by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural - Hancock
(If outside city or town limits, write RURAL and give nearest town)Street No. Long Hollow Route #1
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1948 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 4, 1948, to May 23, 1948
and that I last saw her alive on May 22, 1948

Immediate cause of death

Carcinoma of uterus

Due to

Generalized
to abdominal

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

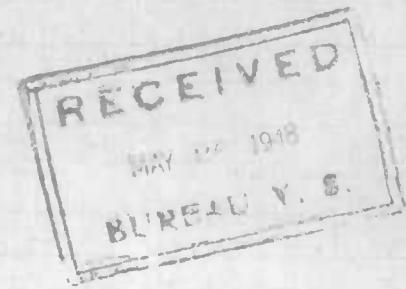
23. SIGNATURE

John Shaffer M.D.
Hancock, Md.

M. D. or other

Date signed

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05368
94101

CERTIFICATE OF DEATH

Reg. Dist. No. 001

1. PLACE OF DEATH:

County Washington

City or town Downsville R.F.D. I.

(If outside city or town limits, write RURAL and give nearest town)

18 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Otis Edward Beachley

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

April 1 1874.

8. AGE: Years Months Days It less than one day
74 I 22 hrs. min.9. Birthplace Frederick Washington Md.
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business Farm Laborer

12. Name Jonas Edward Beachley

13. Birthplace Frederick County

14. Maiden name Indiana Elizabeth Castle

15. Birthplace Frederick County

16. Informant Mrs Lewis Izer

Address Downsville R.F.D.I.

17. Burial Date thereof May 26 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose Cemetery

Location Hagerstown Md.

18. Funeral director Edith V. Leaf

Address Williamsport Md.

19. May 26 1948 E. Lee McElroy
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Downsville R.F.D. I.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 24 1948 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 21 1948 to May 24 1948

and that I last saw him alive on May 22 1948

Immediate cause of death

Cerebral Occlusion.

DURATION

2 hrs.

Due to

Cerebral Occlusion

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. Lee McElroy M. D. or other
Williamsport Md. Date signed 5/27/48
Address

RECEIVED

MAY 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

940
0536.1
302

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Washington

County

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

28 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

724 George Street

How long in hospital or institution?

3. (a) FULL NAME

David J. Betts

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Minnie I. Betts

6.(c) If alive, give age .. years

7. Birth date of deceased (mo., day, yr.)

Feb. 3, 1883

8. AGE:

Years

Months

Days

If less than one day

65

3

4

hrs.

min.

9. Birthplace

Fiddlersburg, Maryland

(Town, county, and state)

10. Usual occupation

Employee

11. Industry or business

Jamison Cold Storage Door Co

MOTHER FATHER

12. Name

Jacob Betts

13. Birthplace

Washington County, Maryland

14. Maiden name

Amanda Howard

15. Birthplace

Washington County Maryland

Mrs. Minnie I. Betts

16. Informant

Address

724 George St. Hagerstown, Md.

17. Burial

Date thereof May 10, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown, Md.

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Md.

19. May 10. 1948

19

(Date recd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Washington

City or town

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

724 George Street

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 8, 1948

19

at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 8, 1948, to May 8, 1948
and that I last saw her alive on May 8, 1948

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

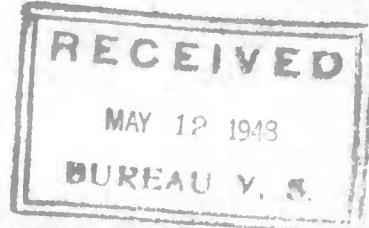
23. SIGNATURE

Address

H. J. Laymon, M.D.
Hagerstown, Md.

M. D. or other

Date signed May 10, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d
05370

302

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Washington

City or town Security

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Samuel H Boppe

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife

Mary Ellen Boppe

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

Nov. 13 1847

8. AGE:

Years
100Months
6Days
3If less than one day
....hrs.min.

9. Birthplace

Halfway Washington, Maryland.
(Town, county, and state)

10. Usual occupation

Laborer--Retired

11. Industry or business

C. and O. Canal

MOTHER FATHER

Andrew Boppe

12. Name

Germany

13. Birthplace

Nancy Furry

14. Maiden name

Funkstown Md.

15. Birthplace

Mrs John Lewis

16. Informant

Security, Maryland

Address

Burial

Date thereof May 20 1948
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory

Riverview Cemetery

Location

Williamsport, Md.

18. Funeral director

Edith V Leaf

Address

Williamsport Md.

19. Date rec'd by registrar

May 20, 1948

Death Record
(Date signed)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Security
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948 at 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10 1948 to May 16 1948

and that I last saw h. s. alive on May 14 1948

Immediate cause of death

Cardio-Vascular Disease

DURATION

P

Due to

Due to

Other conditions

Hemorrhage Sept. Great. Tumor

2 weeks

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

H. A. Campbell

M. D. or other

Address Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

488 1
05371

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 years

Hospital, Institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 919 West Franklin Street
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(b) Social Security Number

NONE

3.(a) FULL NAME

Edna B. Boughton

4. Sex

5. Color or race

8.(a) Single, married, widowed, or divorced

Female

White

Widow

8.(b) Name of husband or wife Milford Boughton

7. Birth date of deceased (mo. day, yr.) March 10, 1876

8.(c) If alive, give age years

8. AGE: Years Months Days If less than one day

72 2 1 hrs. min.

9. Birthplace Sullivan, Ohio

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name A. A. Rodgers

13. Birthplace Ohio

14. Maiden name Teresa Myers

15. Birthplace Ohio

16. Informant Mrs. H. E. Raifsnider

Address Hagerstown, Maryland

17. Burial Date thereof 5-14-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. May 13, 48 Chas H Powers

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 11, 1948, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1944 to May 11, 1948, and that I last saw her alive on May 11, 1948.

Immediate cause of death

Tuberculosis

DURATION

2 days -

Due to

Carcinoma of uterus -

4 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

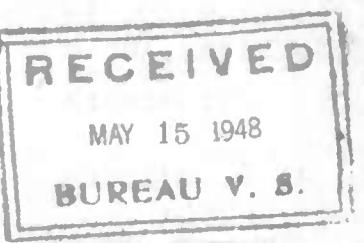
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address 701 Oak Hill Ave. Date signed 5/12/48



M
PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age shown on:

ALM No. G 116 MAY 24 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Wm. Layman

486

05332
362

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Weeks

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 4 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1001 Pope Ave.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

3. (a) FULL NAME

MRS BERTHA GROVE BRICKER

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female White

Married

6.(b) Name of husband or wife

Harry J. Bricker

7. Birth date of deceased (mo. day, yr.)

April 26, 1881

6.(c) If alive, give age 70 years

8. AGE: Years

Months

Days

If less than one day

67 00

14

hrs.

min.

9. Birthplace

Middleton, Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

Own Home

11. Industry or business

William T. Grove

12. Name

William T. Grove

13. Birthplace

Middleton Md.

14. Maiden name

Sarah Ault

15. Birthplace

Harpers Ferry W. Va.

16. Informant

Miss Effie C. Grove

Address

Hagerstown Md.

17. Burial

Date thereof 5/15/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Reformed Cemetery

Location

Middleton, Frederick Co. Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19. Date rec'd by registrar

May 15, 1948

Beth Bowers

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 12,

1948

at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Apr 8 1948 to May 12 1948
and that I last saw her alive on May 12 1948

Immediate cause of death

Dariermatosis

Due to

Dariermatosis of the uterus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Resection D & C
Abdominal

Date of op. 4/16-48

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

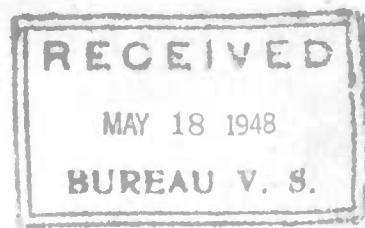
Wm. Layman M.D.

M. D. or other

Address

Hagerstown Md.

Date signed 5/14-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

112

053382

Reg. Dist. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... Washington

City or town..... Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 7 months

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?..... 2 days

3. (a) FULL NAME

Elizabeth McComas Claiborne

3. (b) Social Security Number

NONE

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife..... Thomas D. Claiborne

7. Birth date of deceased (mo., day, yr.)..... October 9, 1876

8. AGE: Years Months Days If less than one day
71 7 12 hrs. min.9. Birthplace..... Hagerstown, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation..... Housework

11. Industry or business

12. Name..... Frederick F. McComas
13. Birthplace..... Hagerstown, Maryland14. Maiden name..... Julia Noble
15. Birthplace..... Carlisle, Pa.

16. Informant..... Mrs. J. J. Funk

Address..... Hagerstown, Maryland

17. Burial..... Date thereof..... 5-21-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rose Hill Cemetery

Location..... Hagerstown, Maryland

18. Funeral director..... C. M. Suter & Sons

Address..... Hagerstown, Maryland

19. Date rec'd by registrar..... May 20, 1948
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No..... 217 South Prospect Street
(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 19, 1948, at 7:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12 Decem... - 1947, to May 19, 1948

and that I last saw her alive on May 19, 1948

Immediate cause of death.....

Stationary asthmatics

DURATION

5 days.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE..... Eldon G. Hockenberry, M.D.

M. D. or other

Address..... 47 Agarlin

Date signed..... May 20, 1948



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05374

CERTIFICATE OF DEATH

163A
Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 hrs.

Hospital, institution, or street address where death occurred:

Wash. Co. Hospital

How long in hospital or institution? 8 hrs.

3. (a) FULL NAME

Robert S. Cross

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Sylvia Cross

7. Birth date of deceased (mo., day, yr.)

June - 20 1894

8. (c) If alive, give age years

8. AGE:

Years 73

Months 10

Days 23

If less than one day hrs. min.

9. Birthplace

Mapleville Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Retired Commission Merchant

11. Industry or business

Fruit and Produce

MOTHER FATHER

12. Name Harry Cross

13. Birthplace

Mapleville Wash. Co. Md.

14. Maiden name

Elizabeth Thyre

15. Birthplace

Baltimore Wash. Co. Md.

16. Informant

Mrs. Sylvia Cross

Address

Mapleville Md.

17. Burial

Date thereof May 16, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Fairview Cemetery

Location

near Mapleville Wash. Co. Md.

18. Funeral director

C. D. Bart & Sons

Address

Baltimore Md.

May 14, 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Mapleville

(If outside city or town limits, write RURAL and give nearest town)

Street No. Main St.

(If rural, give LOCATION)

2.(a) If veteran, name war no.

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 13,

1948 at 5:12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h. alive on 19...

Immediate cause of death

Acute arsenic poison - 17 hr.

Due to: ing

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 5/12/48

Where did injury occur Mapleville Wash. Co. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Death from Injured at work? No

DEPUTY MEDICAL EXAM.

23. SIGNATURE J. Robert Weeks WASH. CO. MD.

M. D. or other

Address Hagerstown, Md. Date signed 5/14/48

RECEIVED

MAY 17 1948

BUREAU V. S.

M
C
PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Initials
 is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

05375

302

Reg. Dist. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 1 day

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution?..... 1 day

3. (a) FULL NAME

Paul Deems

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) May 26, 1948

8. AGE: Years	Months	Days	If less than one day
		1	hrs. min.

9. Birthplace..... Washington County Hospital
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....	Charles A. Deems
13. Birthplace	Davis, W. Va.

14. Maiden name	Lucy E. Smith
15. Birthplace	Banner Elk, N. C.

16. Informant	Charles A. Deems
Address	Hagerstown, Maryland

17. Burial	Date thereof	5-28-48	
(Burial, cremation, or removal. Which?)	(month)	(day)	(year)
Cemetery or crematory	Rose Hill Cemetery		

Location	Hagerstown, Maryland
----------	----------------------

18. Funeral director	C. M. Suter & Sons
Address	Hagerstown, Maryland

19. Date rec'd by registrar	May 28, 1948	Death record
(Date received by registrar)		Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1057 Georgia Avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1948 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 5/26 1948 to 5/27 1948

and that I last saw h. L. M. alive on 5/27/48 1948

Immediate cause of death pre maturing

DURATION

Due to unknown

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Robert V. Campbell MD M. D. or other

Address..... Hagerstown Md. Date signed 5/28/48

RECEIVED

MAY 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05376

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Md. County Wash.
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 421 W. Franklin St.
 (If rural, give LOCATION)

2.(a) If veteran, name war --

3. (a) FULL NAME

Mary C. Keadle Fravel

3. (b) Social Security Number

4. Sex female	5. Color or race white	6.(a) Single, married, widowed, or divorced widowed
---------------	------------------------	---

6.(b) Name of husband or wife James W. Fravel

7. Birth date of deceased (mo., day, yr.) November 17, 1880

8. AGE: Years 67 Months 6 Days 13 If less than one day hrs. min.

9. Birthplace Falling Waters, Berekley, W.Va.
 (Town, county, and state)

10. Usual occupation --

11. Industry or business

MOTHER FATHER
 12. Name Arthur Keadle
 13. Birthplace Waynesboro, Pa.

MOTHER
 14. Maiden name Catherine A. Reid
 15. Birthplace W. Virginia

16. Informant Mrs. Ella A. Fisher
 Address Harrisburg, Penna.

17. burial Date thereof 6-3-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery
 Location Hagerstown, Md.

18. Funeral director Scott F. Minnich & Son
 Address Hagerstown, Md.

19. (Date rec'd by registrar) June 2, 1948
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1948 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 4-1-48 to 5-20-48
 and that I last saw her alive on 5-25-48

Immediate cause of death

Coronary Disease
 Due to
 (Coronary)

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

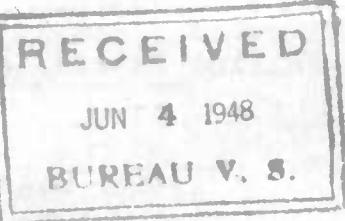
Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



Mary C. Keadle Fravel

Mrs. Fravel was stricken
in church and pronounced
dead upon arrival at the
Washington County Hospital

Chest Howers
Loc. Reg.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468 05377

302

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Washington
CountyCearfoss
City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

Residence Cearfoss, Md.

How long in hospital or institution?

3. (a) FULL NAME

Ira F. Garner

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Anna E. Garner

6.(c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

March 9, 1873

8. AGE:

Years

Months

Days

If less than one day

75

2

17

hrs.

min.

9. Birthplace

Washington County, Md.

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name

Carl Garner

13. Birthplace

Franklin Co., Pa.

14. Maiden name

Malinda Richer

15. Birthplace

Spring Creek, Pa.

16. Informant

Mrs. Anna E. Garner

Address

Cearfoss, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof May 28, 1948

(month) (day) (year)

Cemetery or crematory

Fairview Cemetery

Location

Mercersburg, Pa.

18. Funeral director

Snyder-Rowland Funeral Home

Address

Clear Spring, Md.

May 27, 1948

(Date recd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Washington

City or town Cearfoss, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Cearfoss, Md.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1948 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 17, 1948, to May 26, 1948
and that I last saw him alive on May 25, 1948

Immediate cause of death

Carcinoma of Stomach 2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

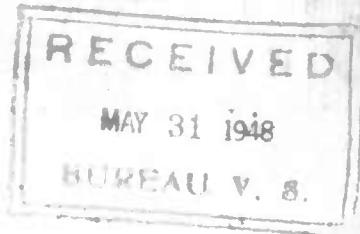
Means of injury Injured at work?

23. SIGNATURE

David P. Brewer M.D.
Clear Spring Md. Date signed 5/27/48

M. D. or other

Address



67

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

05378-
Reg. Dist. No. 303

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
 County Washington

City or town Pecktonville, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME
 Mary Margaret Gladhill

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Married
------------------	---------------------------	---

6. (b) Name of husband or wife
Millard F. Gladhill

7. Birth date of deceased (mo., day, yr.)
February 22, 1898

8. AGE: 50	Years 2	Months 12	Days 12	If less than one day hrs. min.
---------------	------------	--------------	------------	-----------------------------------

9. Birthplace
Big Pool, (Wash. Co.) Md.
(Town, county, and state)

10. Usual occupation
Home duties

11. Industry or business

12. Name Alvey Mills
13. Birthplace Big Pool, Md.

14. Maiden name Emma Myers

15. Birthplace Big Pool, Md.
Elton Reed

16. Informant
Address
Hancock, Md.

17. Burial
Cemetery or crematory
Park Head Cemetery

Location
Big Pool, Md.

18. Funeral director
Address
Snyder-Rowland
Hancock, Md.

19. Date rec'd by registrar
May 7 1948 Joseph W. Murray
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Pecktonville, Md.

(If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 18 1947 to MAY 4 1948 and that I last saw her alive on MAY 1 1948.

Immediate cause of death
CORONARY OCCLUSION, ACUTE

Due to HYPERTENSIVE CARDIO-
VASCULAR RENAL DISEASE,
SEVERE.

DURATION 5 min. ?

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
None
Date of op. -

Autopsy results
None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

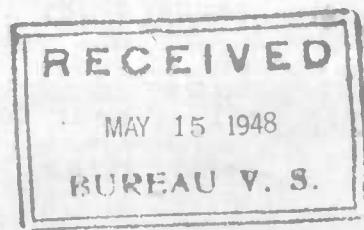
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury
Injured at work?

23. SIGNATURE
 Alice Robert Coker M.D.
 Address
 Joseph W. Murray clear Spring, Md.
 Date signed 5/6/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. *382**05371*

CERTIFICATE OF DEATH

91

1. PLACE OF DEATH:

County

Washington

City or town

Washington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 weeks

Hospital, Institution, or street address where death occurred:

Wash. Co. Hospital

How long in hospital or institution?

2 weeks

3. (a) FULL NAME

Earl Glenn

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*Male**White**Married*

6. (b) Name of husband or wife

Bessie Bell Glenn

7. Birth date of deceased (mo., day, yr.)

November - 1 - 1871

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Employee of Victor Prod. Corp.

11. Industry or business

George Corbett

MOTHER FATHER

12. Name

George Corbett

13. Birthplace

Washington Co. Md.

14. Maiden name

M. Ahala Glenn

15. Birthplace

Wash. Co. Md.

16. Informant

Mrs. Bessie Bell Glenn

Address

Boonsboro Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof *May 18 1948*
(month) (day) (year)

Cemetery or crematory

Boonsboro Cemetery

Location

Boonsboro Md.

18. Funeral director

John J. Best & Sons

Address

Boonsboro Md.

19. Date rec'd by registrar

May 18 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *MD*County *Washington*City or town *Boonsboro*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *n. main st.*

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

220-16-4035

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 16 - 1948 at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*May 15 1948 to May 16 1948*and that I last saw him alive on *May 16 1948*

Immediate cause of death

*General arteriosclerosis
Fracture of vertebrae
by perforating*

Due to

tertian

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Best Jr. M.D.

M. D. or other

Address *Boonsboro Md.*Date signed *5/17/48*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50 1

05380

CERTIFICATE OF DEATH

Reg. Distr. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:

538 West Church Street

How long in hospital or institution?

3. (a) FULL NAME

Mary L. Grable

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

Grayson Grable

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

June 9, 1890

8. AGE:

Years
57Months
11Days
4If less than one day
hrs. min.

9. Birthplace

Frederick, Maryland

(Town, county, and state)

10. Usual occupation

Home Duties

11. Industry or business

MOTHER FATHER

12. Name Samuel T. Eyeler

13. Birthplace Woodsboro, Maryland

14. Maiden name Lula Eyeler

15. Birthplace Thurmont, Maryland

16. Informant MR. Grayson Grable

Address 538 West Church Street

17. Burial

(Burial, cremation, or removal. Which?) Date thereof May 16, 1948

Cemetery (Rose Hill)

Location Hagerstown, Maryland

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland

May 15, 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 538 West Church Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1948 19 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 18 18:43 to May 13 19:48

and that I last saw her alive on 5/17/48 19

Immediate cause of death

Carcinoma of breast, right

DURATION

2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Carcinoma of r. breast

Date of op. 12/10/47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

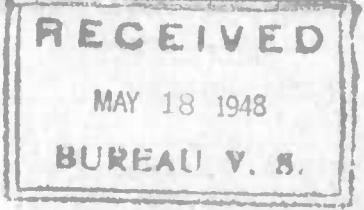
Injured at work?

23. SIGNATURE

John H. Horneback Jr. M.D. or other

154 W. Washington St. Date signed 5/14/48

Hagerstown, Maryland Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

478X
05381

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years
 Hospital, Institution, or street address where death occurred:
 108 South Foundry Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 108 South Foundry Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war. World War #1

3. (a) FULL NAME

John R. Gsell

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Lenora P. Gsell

7. Birth date of deceased (mo., day, yr.) April 1, 1893
 6.(c) If alive, give age 38 years8. AGE: Years Months Days If less than one day
 55 1 10 hrs. min.9. Birthplace Clearspring, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name David Gsell

13. Birthplace Clearspring, Maryland

14. Maiden name Mary E. Boring

15. Birthplace Clearspring, Maryland

16. Informant Mrs. John R. Gsell

Address Hagerstown, Maryland

17. Burial Date thereof 5-14-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mennonite Cemetery

Location Clearspring, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. May 13, 48 Bharth Board
 (Date rec'd by registrar)

Registrar

3. (b) Social Security Number
 220-10-3902

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948 at 6:58P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 May 11, 1948, to May 11, 1948,
 and that I last saw him alive on May 11, 1948.

Immediate cause of death Metastatic malignancy
 (Lymphoma?)

Due to Malignancy, mediastinal
 (lymphoma)

Due to:

Other conditions Asthma

(Include pregnancy within 8 months of death)

Major findings or operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert T. Keable
 132 W. Wash St
 M. D. or other
 Address
 Date signed 5-11-48

RECEIVED

MAY 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05382

548

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

140 W. Antietam St. Hagerstown Md.

How long in hospital or institution?

3. (a) FULL NAME

Jerauld Byron Harp

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 30, 1899

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

49

0

6

hrs.

min.

9. Birthplace

Hagerstown

(Town, county, and state)

10. Usual occupation. Musician & Electrician

11. Industry or business

Edward B. Harp Sr.

MOTHER FATHER

12. Name

Wolfsville Md.

13. Birthplace

14. Maiden name Hadessa Stotelmyer

Wolfsville Md.

15. Birthplace

Hadessa S Harp

16. Informant

Address

Hagerstown Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 10 1948
(month day year)

Cemetery or crematory

Smithsburg Cemetery

Location

Smithsburg Md.

18. Funeral director

Wm. H. Downey

Address

291 Frederick St. Hagerstown

19. Date rec'd by registrar

May 8 1948

Death Record

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 140 W. Antietam St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

213-16-0082

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 6, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1, 1946 to May 6, 1948

and that I last saw him alive on May 6, 1948

Immediate cause of death

Malignant Glomus Tumor
Trochlear Ganglion region,

DURATION

20461946

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

see above -
Pathology Astroblastoma

Date of op. Nov. 16 1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide.

X

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

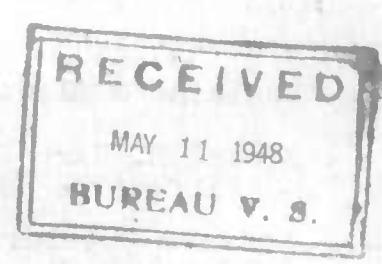
23. SIGNATURE

W. Howard Geiger
Hagerstown

M. D. or other

Date signed

5-7-48



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~Reg. Dist. No. *302*5497
160c

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County *Washington*City or town *Washington*

(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:

*Washington County Hospital*Length of mother's stay in County *6 years.*
(How many years, or months, or days. SPECIFY WHICH)3. Name of child *Boy Herston #1*5. Sex *Male* | 6. Twin or *not* Twin

FATHER OF CHILD

8. Full name *Lloyd Colvin Herston*9. Color *W* 10. Age at time of this birth *24* yrs.11. Usual occupation *Driver for Allard Van*16. Other children born to mother (not including present child): (a) How many children of this mother are now living? *1*
(b) How many other children were born alive but are now dead? *0* (c) How many other children were born dead? *0*17. Did child die before labor? *No* During labor? *Yes*18. Pregnancy, complications of *Partial prematurity*
*separated placenta*19. Labor: (a) Complications of
(b) Induced?20. (a) Was there an operation for delivery? *No*
(b) State all operations, if any.(c) Did child die before operation?
During operation? *N*23. (a) Burial (b) Date thereof *5/24/48*
(Burial, cremation or removal) (month) (day) (year)(c) Cemetery or crematory *Rose Hill Cemetery*24. (a) Funeral director *Andrew K. Cuffman*
(b) Address *Hagerstown Md.*

2. USUAL RESIDENCE OF MOTHER:

State *Maryland*County *Washington*City or town *Washington*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *45 E. Antietam*

(If RURAL give LOCATION)

4. Date of birth *May 22* 1948 Hour *10:36 P.M.*7. No. of weeks pregnancy *23 weeks*

MOTHER OF CHILD

12. Full maiden name *Catherine Alberta Crabtree*13. Color *W* 14. Age at time of this birth *20* yrs.15. Usual occupation *Housewife*

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes *Prematurity*

(b) Maternal causes

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature *J. J. Husby*

(Specify M. D., midwife, or other)

Address *230 Main Hagerstown Md.*25. (a) *May 24, 1948* (b) *Bethany Powers*
(Date rec'd by registrar) (Registrar)26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

Health Officer, per.....



MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Lusby

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

160C

05383-302

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 Hours

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 14 Hours

3. (a) FULL NAME

Un-named Child of Lloyd Heiston

Twin #2

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White

Single

6.(b) Name of husband or wife

6.(c) If alive, give age

--

years

7. Birth date of deceased (mo. day, yr.)

May 23, 1948

8. AGE:

Years
0Months
0Days
0If less than one day
14 hrs.

min.

9. Birthplace

Hagerstown, Washington Co. Md.

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

--

MOTHER FATHER

12. Name

Lloyd Heiston

13. Birthplace

Hancock Md.

14. Maiden name

Catherine Crabtree

15. Birthplace

Paw Paw Md.

16. Informant

Lloyd Heiston

Address

Hagerstown Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5/24/48

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19. May 24, 1948

(Date rec'd by registrar)

Signature
Charles Powers

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 45 E. Antietam St.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

May 23

19 48 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

22 May

19 48, to 23 May

19 48

and that I last saw him alive on 23 May 48

Immediate cause of death

Prematurity (still 23 weeks)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

F. J. Lusby

M. D. or other

Address 2307 Pittman Date signed 24 May 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. It is especially important.

EVIDENCE FOR ADDITION
OF MARITAL STATUS, BIRTH
PLACE, DATE OF REC'D. BY REG & REG'S. MARYLAND STATE DEPARTMENT OF HEALTH
NAME SHOWN ON: 2411 N. Charles St., Baltimore

HLM No. G 11 AUG 12 1948 CERTIFICATE OF DEATH

05384

Reg. Dist. No.

1. PLACE OF DEATH: Washington
County.....
City or town Rural - Clear Spring, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Allegheny
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 519 Washington St.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

3. (a) FULL NAME Louisa Patterson Henderson

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	WIDOWED

6.(b) Name of husband or wife.....
.....6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1863

8. AGE: Years	Months	Days	If less than one day
85	0	15	hrs. min.

9. Birthplace CUMBERLAND, MARYLAND
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name Thomas Leiter Patterson
MOTHER FATHER

13. Birthplace Louisa Sprigg

14. Maiden name Mrs. George Henderson
MOTHER FATHER

15. Birthplace Cumberland, Md.

Burial Date thereof 5/19/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Rose Hill Cemetery or crematory
Location Cumberland, Md.

18. Funeral director A. K. Coffman
Address Hagerstown, Md.

19. Date rec'd by Registrar May 16, 1948 Chas. H. Powers
Registrar

MEDICAL CERTIFICATION About
20. DATE OF DEATH May 16, 1948 at 7:30 P.M. EDT

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death Crushed chest

Hemorrhage and shock

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 5/16/48

Near Clear Spring Wash. Md.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 40

Means of injury Auto accident Injured at work? No

DEPUTY MEDICAL EXAM.
S. Robert Hells WASH. CO. MD.

23. SIGNATURE M. D. *S. Robert Hells*
Hagerstown, Md. Date signed July 31-48
Address.....



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Lusby

CERTIFICATE OF DEATH

940
05385
Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Security

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 32 Years

Hospital, institution, or street address where death occurred:

Security Road

How long in hospital or institution?

3. (a) FULL NAME

JESSE LEO HOLMES

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Myrtle Keller

7. Birth date of deceased (mo., day, yr.)

June 3, 1890

6. (c) If alive, give age

55 years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Knoxville, Frederick Co., Md.
(Town, county, and state)

Machinist

10. Usual occupation

Western Maryland Railroad

MOTHER FATHER

Edward Holmes

12. Name

Knoxville Md.

13. Birthplace

Elizabeth Danner

14. Maiden name

Knoxville Md.

15. Birthplace

Mrs Myrtle Holmes

16. Informant

Address

Security Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral Director

Andrew K. Coffman

Address

Hagerstown Md.

May 28, 1948

(Date rec'd by registrar)

John H. Flowers

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Security (If outside city or town limits, write RURAL and give nearest town)

Street No. Security Road (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

705-10-6787

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27

10.48

3.A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
27 May 10.48 to 27 May 10.48
and that I last saw him alive on 27 May 10.48

10.48

Immediate cause of death

Coronary Occlusion

DURATION

2 days

Due to:

Due to:

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

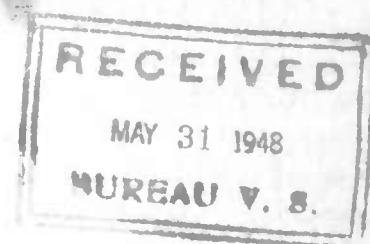
Address

2307 Polk

M.B. or other

Date signed 27 May 48

140



Dr. Wally
M

PLEASE WRITE PLAINLY, WITH FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

05386

305-

Reg. Dist. No. 305-

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

Washington

City or town

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

22 years

Hospital, Institution, or street address where death occurred:

N. Main St.

How long in hospital or institution?

22 years at home

3. (a) FULL NAME

Ada G. Hoover

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widowed

6.(b) Name of husband or wife

John H. Hoover

7. Birth date of deceased (mo., day, yr.)

December 24 - 1865

6.(c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

82 4 21 hrs. min.

9. Birthplace

Reedsville Wash. Co. md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Own Home

MOTHER FATHER

12. Name

Jacob Reel

13. Birthplace

Reedsville Wash. Co. md

14. Maiden name

Anna Seeling

15. Birthplace

Reedsville Wash. Co. md.

16. Informant

Mrs. Lloyd Gross

Address

Baltimore md.

17. Internment

Date thereof May 17, 1948

(month) (day) (year)

Cemetery or crematory

Baltimore Mausoleum

Location

Baltimore md.

18. Funeral director

Wm J. Best & Sons

Address

Baltimore md.

19. May 17, 1948
(Date rec'd by registrar)John H. Best
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or town

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 71 Main St.

(If rural, give LOCATION)

No

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 15" 1948 at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 12" 1948 to May 15" 1948

and that I last saw her alive on May 12" 1948

Immediate cause of death

Chronic myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

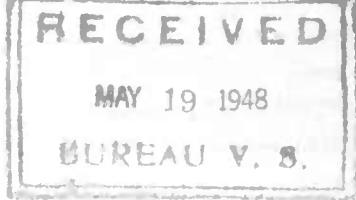
John H. Best, M.D.

M. D. or other

Address

Baltimore md.

Date signed 5/16/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05387

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: Washington Co.
 County _____
 City or town R-1 Rohlersville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr 6 mo.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Virginia County BerkeleyCity or town Martinsburg (If outside city or town limits, write RURAL and give nearest town)Street No. High St (If rural, give LOCATION)

3. (a) FULL NAME

Nancy Catherine Huff

3. (b) Social Security Number

4. Sex	5. Color of race	6.(a) Single, married, widowed, or divorced
Female	white	widow

6.(b) Name of husband or wife	<u>David Huff</u>
-------------------------------	-------------------

7. Birth date of deceased (mo., day, yr.)	Feb. 6 - 1861	6.(c) If alive, give age years
---	---------------	--------------------------------

8. AGE: Years	87	Months	3	Days	1	If less than one day hrs. min.
---------------	----	--------	---	------	---	--------------------------------

9. Birthplace	<u>Virginia</u>	(Town, county, and state)
---------------	-----------------	---------------------------

10. Usual occupation.

11. Industry or business

12. Name	<u>Fox</u>
----------	------------

13. Birthplace	<u>Virginia</u>
----------------	-----------------

14. Maiden name	<u>Nancy Catherine Fox</u>
-----------------	----------------------------

15. Birthplace	<u>Virginia</u>
----------------	-----------------

16. Informant	<u>Mrs. Mattie Palisimnia</u>
---------------	-------------------------------

Address	<u>104 S. High St Martinsburg W. Va.</u>
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17. Burial	Date thereof	<u>May 11-1948</u>	(month) (day) (year)
------------	--------------	--------------------	----------------------

Cemetery or crematory	<u>Rosedale</u>
-----------------------	-----------------

Location	<u>Martinsburg W. Va.</u>
----------	---------------------------

18. Funeral director	<u>Kogelschitz & Cuffman</u>
----------------------	----------------------------------

Address	<u>Martinsburg W. Va.</u>
---------	---------------------------

19. Date rec'd by registrar	<u>May 8 1948</u>	<u>Ms. Katherine Duguehart</u>
-----------------------------	-------------------	--------------------------------

Registrar	<u>Boonavore</u>
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MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3 1948 to May 7 1948and that I last saw her alive on May 6 1948

Immediate cause of death

Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

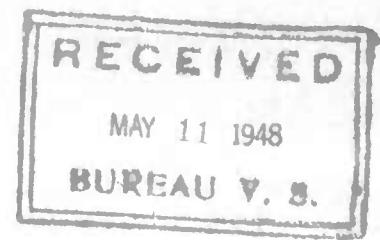
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Allen M. D.

M. D. or other

Address Boonavore Date signed May 8/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Ditto
50X
05388

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
County..... Washington
City or town..... Hagerstown R#6

(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 4 Days

Hospital, institution, or street address where death occurred:
Washington County Hospital

How long in hospital or institution?..... 4 Days

3. (a) FULL NAME

MRS MARY ELLEN HURTMAN

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife..... Samuel H. Hurtman

7. Birth date of deceased (mo., day, yr.)..... August, 28, 1872
..... 6.(c) If alive, give age..... 74 years

8. AGE: Years Months Days If less than one day
75 8 8 hrs. min.

9. Birthplace..... Leitersburg, Washington Co. Md.
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Own Home

MOTHER FATHER
12. Name..... Fredrick Hartley

13. Birthplace..... Leitersburg Md.

14. Maiden name..... Mary Hemphill

15. Birthplace..... Fayetteville Md.

16. Informant..... Samuel H. Hurtman

Address..... Hagerstown R# 6

17. Burial..... Date thereof..... 5/9/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Luthern Cemetery

Location..... Leitersburg Md.

18. Funeral director..... Andrew K. Coffman

Address..... Hagerstown Md.

19. May 8. 1948
(Date rec'd by registrar) *Ghost H. Boward*
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown R#6
(If outside city or town limits, write RURAL and give nearest town)

Street No..... Laymans Mill Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 6, 1948, 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 1-1-48 1948 to 5-6-48 1948
and that I last saw her alive on 5-6-48 1948

Immediate cause of death.....

Cardiac renal failure

Date of

C family asthmatic relapses

Due to

Carcinoma of Breast

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

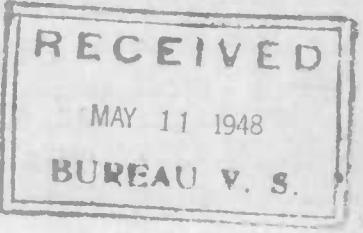
Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE..... *John D. Ditt*

M. D. or other
Address..... *Hagerstown* Date signed *May 8, 1948*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

05389

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:

Washington County

Dargan City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 years

Hospital, institution, or street address where death occurred:

R.F.D. #1, Harpers Ferry, West Va.

How long in hospital or institution?

3. (a) FULL NAME

Daniel Edward Johnson

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife Viola Belle Zimmerman

71 years

7. Birth date of deceased (mo., day, yr.) November 9, 1887

8. AGE:	Years	Months	Days	If less than one day
60	5	23		hrs. min.

9. Birthplace Washington County, Maryland
(Town, county, and state)

Laborer

10. Usual occupation Bus Terminal

11. Industry or business Bus Terminal

12. Name Jacob L. Johnson

13. Birthplace Washington County, Md.

14. Maiden name Annie Young

15. Birthplace Rohersville, Maryland

16. Informant Justin L. Johnson

Address R.F.D. # 1, Harpers Ferry, W.Va.

17. Burial Date thereof May 5, 1948
(Burial, cremation, or removal. Which?)

Cemetery or crematory Samples Manor Cemetery

Location Samples Manor, Maryland

18. Funeral director Melvin J. Strader

Address Charles Town, West Va.

19. May 4, 1948 Cornelius H. Bartle
(Date rec'd by registrar) Supt. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Dargan (If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. #1 Harpers Ferry, W.Va.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

220-10-3630

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 2, 1948 at 10:00P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

John 1 1948 to May 2 1948
and that I last saw him alive on May 1 1948
1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 hrs

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

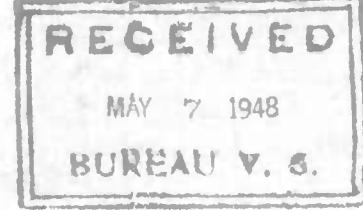
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M.D. or other

Address Frederick, Md. Date signed May 4, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

840
05390

CERTIFICATE OF DEATH

Reg. Distr. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 years

Hospital, institution, or street address where death occurred:

950 Lanvale St.

How long in hospital or institution?

3. (a) FULL NAME

Floyd Edward Jones

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

male white single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Dec. 29, 1901

8. AGE:

Years 46

Months 4

Days 26

If less than one day hrs. min.

9. Birthplace

Middletown Frederick, Md.

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

John Stanley Jones

Middletown, Md.

12. Name

Ella M. Bowles

Middletown, Md.

13. Birthplace

Harold Jones

Hagerstown, Md.

14. Maiden name

Burial

Date thereof May 26, 1948

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Lutheran Cemetery

Middletown, Md.

15. Birthplace

Gladhill Co.

Address Middletown, Md.

May 26, 1948 Death record

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County

Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 950 Lanvale St.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 24 1948 at 7:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 21 1948 to May 24 1948

and that I last saw him alive on May 24

1948

1948

Immediate cause of death

Cardiac Failure
(cause NOT determined)

Due to Tuberculosis Sputum

positive

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

1

Means of injury

Injured at work?

23. SIGNATURE

H. Campbell

M. D. or other

Address

Hagerstown, Md.

May 26, 1948 Date signed

RECEIVED
MAY 28 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a 05391

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

Washington County

Hagerstown City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 years.

Hospital, Institution, or street address where death occurred:

CORNER, VIRGINIA & ROSSNER AVE. IN. AUTOMOBILE.

How long in hospital or institution?

3. (a) FULL NAME

Hubert Jones

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife

Martha A. Jones

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

December 20, 1875

8. AGE:

Years
72Months
5Days
7

If less than one day

hrs. min.

9. Birthplace

Frederick County, Maryland.

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name

Isaac Jones

13. Birthplace

Frederick County, Maryland.

14. Maiden name

Mary

15. Birthplace

Frederick County, Maryland.

16. Informant

Mrs. Buelah Miller

Address

Conococheague, Maryland.

17. Burial

Date thereof May 30, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Boonsboro Cemetery

Location

Boonsboro, Maryland.

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Maryland.

19. Date rec'd by registrar

May 30, 1948

Lester Powers

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland.

County

Washington

City or town Conococheague

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

EDT

20. DATE OF DEATH May 27, 1948 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...., to.... 19....

and that I last saw h.... alive on

19....

Immediate cause of death

DURATION

Acute coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

No

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

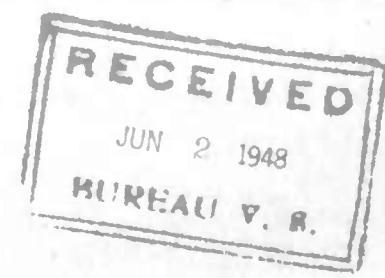
Means of injury

Injured at work

23. SIGNATURE

Address

Robert Wells DEPUTY MEDICAL EXAM.
WASH. CO. MD.
Hagerstown, Md. May 29 48
Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05392

55e K

Reg. Dist. No.

303

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington
County.....
City or town..... Ernstville
(If outside city or town limits, write RURAL and give nearest town)
Life
How long in above place of death?.....
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland Washington
State..... County.....
City or town..... Ernstville
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)

3. (a) FULL NAME
William Krepps Kline

3. (b) Social Security Number
212-14-6971

4. Sex
Male 5. Color or race
White 6.(a) Single, married, widowed, or divorced
Married
Nora M. Kline

B.(b) Name of husband or wife.....

7. Birth date of
deceased (mo., day, yr.)
February 7, 1888

8. AGE: Years
60 Months
3 Days
8 If less than one day
..... hrs. min.

9. Birthplace..... Washington Co. Md.
(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business

MOTHER FATHER
12. Name..... Scott M. Kline
13. Birthplace..... Wash. Co. Md.

MOTHER
14. Maiden name..... Cora Keffler
15. Birthplace..... Wash. Co. Md.

16. Informant..... Mrs. Nora Kline
Address.....

Burial
17. Cemetery or crematory..... Shanktown cemetery
(Burial, cremation, or removal. Which?)
Location..... Big Pool, Md.

18. Funeral director..... Snyder-Rowland
Address..... Hancock, Md.

19. (Date rec'd by registrar)
May 18 1948 Joseph A. Murray
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 15, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
APRIL 5 1948, to MAY 15 1948
and that I last saw him alive on MAY 15 1948

Immediate cause of death..... GENITOURINARY CARCINOMATOSIS

Primary site..... UNKNOWN

Duration..... ?

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... None

Date of op.....

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Cecilia Robert Clegg
Address..... Clear Spring Md. Date signed 17 May 1948
M. D. Clegg



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

528

65393

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Boonsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Months

Hospital, institution, or street address where death occurred:

Main St.

How long in hospital or institution? ---

3. (a) FULL NAME

JOSEPH CALVIN KUHN

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Edith Noll

7. Birth date of deceased (mo., day, yr.) February 15 1886

8. AGE: Years 62 Months 3 Days 5 If less than one day hrs. min.

9. Birthplace Big Springs wash. Co. Md.

(Town, county, and state)

10. Usual occupation Barber

11. Industry or business --

MOTHER FATHER 12. Name John Kuhn

13. Birthplace Big Springs Md.

14. Maiden name Susan C. Pearl

15. Birthplace Hagerstown, Md.

16. Informant Mrs. Edith N. Kuhn

Address Boonsboro Md.

17. Burial Date thereof 5/23/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location near Clear Springs Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. May 23 (Date rec'd by registrar)

19. 48

John L. Bask

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 21 West Antietam St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

214-09-1263

MEDICAL CERTIFICATION

d.s.t.

20. DATE OF DEATH May 20 1948

19. 21. 5.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 10. 19.

and that I last saw him alive on

19.

Immediate cause of death

DURATION

Cancer of bladder

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

S. Robert Wells

DEPUTY MEDICAL EXAM.
WASH. CO., MD.

M.D. or

Hagerston, Md. Date signed May 23/48



20

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

53 X

05394
Reg. Dlat. No. 306

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County *Maryland*City or town *Cascade*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *4 months 18 days*Hospital, institution, or street address where death occurred: *Petech Hospital*How long in hospital or institution? *4 months 18 days*

3. (a) FULL NAME

*Ellis Lang*4. Sex *M*5. Color or race *W*6. (a) Single, married, widowed, or divorced *Single*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *November 27, 1877*

6. (c) If alive, give age years

8. AGE: Years *70* Months *6* Days *21* If less than one day

hrs. min.

9. Birthplace *Elkton, Cecil, Md.*

(Town, county, and state)

10. Usual occupation *Fisherman*

11. Industry or business

12. Name *John E. Lang*13. Birthplace *France*14. Maiden name *June Lockard*15. Birthplace *St. Georges, Delaware*16. Informant *Hospital Brigade*Address *Petech Hosp. Cascade, Md.*17. Burial (Burial, cremation, or removal, Which?) *Burial* Date thereof *May 27, 1948*

(month) (day) (year)

Cemetery or crematory *Protestant*Location *Fredrick B. Md.*18. Funeral director *B. L. Clegg & Son*Address *Thurmont - Md.*19. Date rec'd by Registrar *May 27, 1948*

(Date rec'd by Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland*County *Cecil*City or town *Elkton*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *114 Church St.*

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

*May 23, 1948, at 11:25 A.M.*21. CERTIFY that death occurred on the date above stated; that I attended deceased from *July 6, 1948, to May 23, 1948* and that I last saw him alive on *May 23, 1948*

Immediate cause of death

Epithelioma, submental region

DURATION

9 months

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Irreversible

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thomas M. Armstrong

M. D. or other

Address *Petech Hospital & Cascade, Md.*Date signed *5/25/48*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

45c X

CERTIFICATE OF DEATH

Reg. Dist. No. 144

0539306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Washington

City or town Cascade

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months 7 days

Hospital, institution, or street address where death occurred: Ritchie Hospital

How long in hospital or institution? 2 months 7 days

3. (a) FULL NAME

William Mortimer Langley

3. (b) Social Security Number

4. Sex

5. Color or race

6. (d) Single, married, widowed, or divorced

Male W married

6. (b) Name of husband or wife: Myrtle Anne

6. (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) August 27, 1886

8. AGE: Years 61 Months 8 Days 18 If less than one day hrs. min.

9. Birthplace: St. Mary's Co., Md.

(Town, county, and state)

10. Usual occupation: Pile driver

11. Industry or business

12. Name: Alice Gaffey

13. Birthplace: St. Mary's Co., Md.

14. Maiden name: George Langley

15. Birthplace: St. Mary's Co., Md.

16. Informant: Hospital Board

Address: Camp Ritchie Hospital

Burial: Cemetery Date thereof: May 20, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: St. Mary's

Location: Annapolis, Md.

18. Funeral director: M. L. Leeser & Son

Address: Thurmont, Md.

19. Date record by registrar: May 18, 1948

Blanche L. Elyer

Registrar

May 20 - 48 Rev. W. Foyne

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town: Germantown (If outside city or town limits, write RURAL and give nearest town)

Street No. 912 St. (If rural, give LOCATION)

2.(a) If veteran, name war.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 17 1948 at 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from March 10 1948 to May 5 1948 and that I last saw him alive on May 5 1948

Immediate cause of death: hard pneumonia of soft palate DURATION 1 year

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings or operations: Inoperable Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Thomas J. Brumley, M.D.

M. D. or other

Address: Ritchie Hospital Date signed 5/17/48

Cascade, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

05397

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M
Margin reserved for binding

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 years
 Hospital, institution, or street address where death occurred:
 346 Ruby Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 346 Ruby Avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME
 Etha Lockley
 3. (b) Social Security Number
 NONE

4. Sex Female Color or race Colored Married
 6.(b) Name of husband or wife Herbert Lockley

7. Birth date of deceased (mo., day, yr.) September 4, 1901
 6.(c) If alive, give age 50 years

8. AGE: Years Months Days If less than one day
 46 8 22 hrs. min.

9. Birthplace Millwood, Virginia
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 12. Name Not Known
 13. Birthplace Not Known

MOTHER FATHER
 14. Maiden name Not Known
 15. Birthplace Not Known

16. Informant Emma Lockley
 Address Hagerstown, Maryland

17. Removal Date thereof 5-29-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chapel Cemetery
 Location Millwood, Virginia

18. Funeral director William H. Downey
 Address Hagerstown, Maryland

May 29, 1948
 (Date rec'd by register) *Chart House*
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 26 1948 at 7:00 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19, 47, to May 26 1948
 and that I last saw her alive on May 26 1948

Immediate cause of death Hypertensive Cardiovascular Disease & decompensation

DURATION

Due to:

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

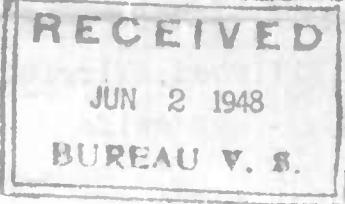
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *N. Alay Harry MD.*

M.D. or other

Address 65, Pennsylvania Ave Date signed 5/27/48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Wells

05396

302

Reg. Dist. No. 302

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 Years

Hospital, institution, or street address where death occurred:

24 Summit Ave.

How long in hospital or institution? --

3. (a) FULL NAME

NEAL THOMAS LONG

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Charlotte

7. Birth date of deceased (mo. day, yr.)

May 20, 1891

6.(c) If alive, give age

55

years

8. AGE:

Years
56Months
11Days
25

If less than one day

hrs.

min.

9. Birthplace

Marksville, Shenandoah Co., Va.

(Town, county, and state)

10. Usual occupation

Janitor

11. Industry or business

Sherley Building

MOTHER FATHER

James Long

13. Birthplace

Shenandoah Va.

14. Maiden name

Ella Grave

15. Birthplace

Stanley Va.

16. Informant

Mrs Charlotte Long

Address

Hagerstown Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5/18/48

(month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address Hagerstown Md.

May 17, 1948

(Date rec'd by registrar)

Signature of Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 24 Summit Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war World War #1

3. (b) Social Security Number

214-09-9520

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 15

19 48 at 4:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. . to 19. .

and that I last saw him alive on

Immediate cause of death

Acute coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

None

Date of op.

Autopsy results

As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

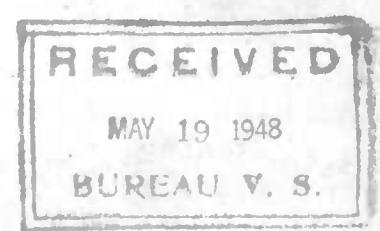
23. SIGNATURE

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D. #

Address Hagerstown, Md. Date signed 5/17/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05398

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
County.....
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

75 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

803 Salem Ave.

How long in hospital or institution?

3. (a) FULL NAME

Mary Elizabeth Lumm

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

B.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) October 10, 1864

6.(c) If alive, give age..... years

8. AGE: Years	Months	Days	If less than one day
83	7	7	hrs. min.

Near Clearspring Wash Co. Md.

9. Birthplace..... (Town, county, and state)

10. Usual occupation..... None

11. Industry or business..... None

12. Name..... Henry Lumm
13. Birthplace..... Near Smithsburg Md.

14. Maiden name..... Sarah E. Hose

15. Birthplace..... Wilson Md.

16. Informant..... Mrs. Kenneth Adams

Address..... Hagerstown Md.

17. Burial..... Date thereof..... May 19, 1948
--

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rose Hill Cemetery

Cemetery or crematory.....

Location..... Hagerstown Md.

18. Funeral director..... Scott F. Minnich & Son
--

Address..... Hagerstown Md.

19. Date rec'd by registrar..... May 19, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Maryland

Washington

State..... County.....

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Hagerstown

Street No..... (If rural, give LOCATION)

803 Salem Ave.

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 17 1948 at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18, 1948, to 5-16, 1948,

and that I last saw her alive on 5-16, 1948.

Immediate cause of death..... cardios - vascular disease
chronic nephritis.

Due to..... age -

Due to.....

Other conditions..... ✓

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results..... 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... 0 Date of.....

Where did injury occur?..... (City or town) (County) (State)

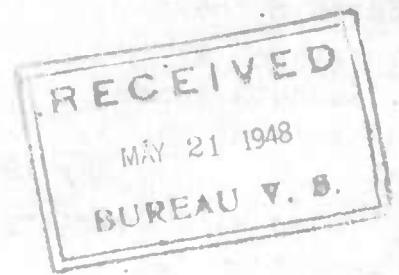
Injured at home, farm, industry, public place (where?) 0

Means of injury..... 0 Injured at work?

23. SIGNATURE DR. VICTOR D. MILLER M. D. or other

Address..... 131 W. WASHINGTON ST. Date signed 5/17/1948

HAGERSTOWN, MD.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

6539
302

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

Washington

County.....

Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 55 years

Hospital, Institution, or street address where death occurred:

110 West Bethel Street

How long in hospital or institution?.....

3. (a) FULL NAME

Richard Martin

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

Colored

Widower

6.(b) Name of husband or wife

Fanny

Martin

7. Birth date of deceased (mo., day, yr.)

April 4, 1863

6.(c) If alive, give age.....years

8. AGE: Years

Months

Days

If less than one day

85

1

16

hrs.

min.

9. Birthplace.....

Roanoke, Virginia

(Town, county, and state)

10. Usual occupation.....

Retired Fireman

11. Industry or business

MOTHER FATHER

12. Name..... Joseph Martin

13. Birthplace.....

Roanoke, Virginia

14. Maiden name.....

Priscilla Edwards

15. Birthplace.....

Roanoke, Virginia

16. Informant.....

Florence Gant

Address

Hagerstown, Maryland

17. Burial.....

Date thereof..... 5-24-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Rose Hill Cemetery

Location.....

Hagerstown, Maryland

18. Funeral director..... William H. Downey

Address

Hagerstown, Maryland

May 24, 1948

(Date rec'd by registrar)

B. H. Powers

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Washington

City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 110 West Bethel Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

MAY 10 1948 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

MAY 18 1948 to MAY 20 1948

and that I last saw him alive on MAY 19 1948

Immediate cause of death..... Cerebral Hemorrhage

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

N. Alan Harris, M.D.
651 Pennsylvania
Date signed 5/22/48

M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

558

05400

Reg. Dist. No.

304

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County..... Washington

City or town..... Hancock, RD 1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

LUCY PEARL McCUSKER

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
--------	------------------	--

Female	White	Widowed
--------	-------	---------

6. (b) Name of husband or wife..... Arlie McCusker

7. Birth date of deceased (mo., day, yr.) December 13, 1902

8. AGE: Years	Months	Days	It less than one day
45	5	9	hrs. mto.

9. Birthplace..... Washington Co., Maryland
(Town, county, and state)

10. Usual occupation..... Home duties

11. Industry or business

12. Name	Joseph Bishop
----------	---------------

13. Birthplace	Hancock, Maryland
----------------	-------------------

14. Maiden name	Georgianna Roby
-----------------	-----------------

15. Birthplace	Hancock, Maryland
----------------	-------------------

16. Informant..... Gordon McCusker

Address..... Hancock, Maryland

17. Burial..... Date thereof May 24, 1948
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... St. Peter's Catholic Cem.

Location..... Hancock, Maryland

18. Funeral director..... Snyder-Rowland, Hancock

Address..... Hancock, Md.

May 24 1948 J.H. Miller
(Date paid by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hancock, RD 1
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948 at 2:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1948 to May 22 1948 and that I last saw her alive on May 20 1948.

Immediate cause of death.....

Malaria 7 lbs

Due to..... Sarcome of Lung, Spur. W.H.C.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE H.E. Miller MD M. D. or other

Address..... Hancock, Md. Date signed 5/24/48



PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

92-L 05461

1. PLACE OF DEATH:

County..... Washington
City or town..... Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 30 years

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?..... 3 hours

3. (a) FULL NAME

Bertha May Miller

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife..... William McP. Miller

7. Birth date of deceased (mo. day. yr.)..... March 31, 1899

6.(c) If alive, give age..... 62 years

8. AGE: Years Months Days If less than one day
49 1 4 hrs. min.9. Birthplace..... Frostburg, Maryland
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

12. Name..... Frank Whetstone
13. Birthplace..... Frostburg, Maryland

14. Maiden name..... Molly Street

15. Birthplace..... Frostburg, Maryland

16. Informant..... William McP. Miller

Address..... Hagerstown, Maryland

17. Burial..... Date thereof..... 5-7-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rose Hill Cemetery

Location..... Hagerstown, Maryland

18. Funeral director..... C. M. Suter & Sons

Address..... Hagerstown, Maryland

May 7, 1948 (Date record by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED;

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 26 North Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 4 - 1948 at 10:46 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3/48 18, to May 4 1948
and that I last saw h. s. alive on May 4 1948Immediate cause of death..... Malaria, hemorrhage
from lungs.

Due to..... Malaria, infarctus 36 hr.

Due to..... Rheumatic Heart - mitral 1 year.
Stenosis - infarctusOther conditions..... Chronic Epileptic
(Include pregnancy within 8 months of death) 2 years.

Major findings of operations.....

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

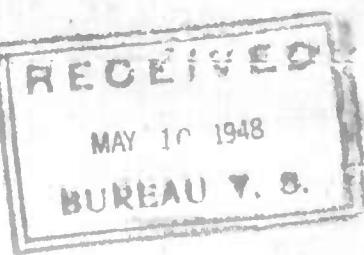
Means of injury

Injured at work?

23. SIGNATURE..... H. Campbell

M. D. or other

Address..... Hagerstown, N.Y. Date signed..... May 5/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Kneisley

CERTIFICATE OF DEATH

1310

05442 302
Reg. Dist. No. 2

1. PLACE OF DEATH:
County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Days

Hospital, institution, or street address where death occurred:
Washington County Hospital

How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown R#2
(If outside city or town limits, write RURAL and give nearest town)

Street No. Walnut Point Road
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MRS ELLA MAY MILLER

4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Widow
---------------	------------------------	---

6.(b) Name of husband or wife Charles Lewis Miller

7. Birth date of deceased (mo., day, yr.) August 2, 1875
6.(c) If alive, give age years

8. AGE: Years 72 Months 9 Days 24 If less than one day hrs. min.

9. Birthplace New Windsor, Carroll Co. Md.
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

MOTHER FATHER 12. Name Jesse Hyde

13. Birthplace New Windsor Md.

14. Maiden name Ella Barnes

15. Birthplace New Windsor Md.

16. Informant Mrs Charles Gearhart

Address Graceham Md.

17. Burial Date thereof 5/28/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dunkard Cemetery

Location Broadfording Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

May 28, 1948 Chas. H. Powers

Registrar

19. (Date rec'd by registrar)

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 11:48 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 11:48 A.M. to May 25 11:48 A.M.

and that I last saw her alive on May 25 11:48 A.M.

Immediate cause of death Chronic nephritis with terminal uremia

Due to

Due to

Other conditions Arteriosclerotic heart disease, large cystic colloid goiter
(Include pregnancy within 8 months of death)

Major findings at operations

Date of op.

Autopsy results no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

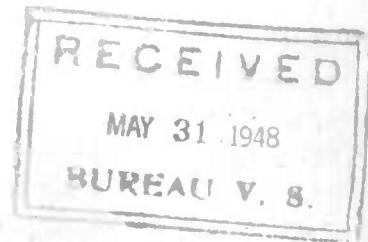
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Kneisley M. D. or other

Address 148 W. Washington Street Date signed May 28, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05413

638

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? App. 9 hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 733 George Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(b) Social Security Number

(None)

3.(a) FULL NAME

Lena May Miller

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Married

Joseph C. Miller

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) July 21, 1885

8. AGE: Years Months Days If less than one day
62 9 27 hrs. min.9. Birthplace Page County, Virginia
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

12. Name Paul Kline

13. Birthplace Page County, Virginia

14. Maiden name Keyser

15. Birthplace Page County, Virginia

16. Informant Mr. Joseph C. Miller

Address 733 George ST. Hagerstown, Md.

17. Burial Date thereof May 20, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland

19. May 20, 1948 Death Record
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 18 1948 8:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 17 1948 to May 18 1948

and that I last saw her alive on May 17 1948

Immediate cause of death

Bronchitis pneumonia

DURATION

24 hours

Due to.....

Due to.....

Other conditions

Pyelitis
Hyperthyroidism
(Incurred pregnancy within 3 months of death)
Chronic rhinitis, asthma, emphysema

24 hours

8 yrs t

Major findings of operations.....

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. D. Daymon, M.D. M. D. or other

Address Hagerstown, Maryland Date signed May 18, 1948





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

928
05404

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Rural Hagerstown, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary A. Miller

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife

James L.

7. Birth date of deceased (mo., day, yr.)

May 29, 1879

6. (c) If alive, give age..... years

8. AGE:

Years
68Months
11Days
4It less than one day
..... hrs. min.

9. Birthplace

Washington County, Maryland.

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

12. Name Joseph Gantt

13. Birthplace

Morgan County, W. Va.

14. Maiden name

Plotner

15. Birthplace

Morgan County, W. Va.

16. Informant

John Miller

Address Hagerstown, Md. R.D. # 2

Burial

Date thereof May 7, 1948

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Sleepy Creek Cemetery

Cemetery or crematory

Sleepy Creek, W. Va.

Location

Fred W. Kraiss

18. Funeral director

Address Hagerstown, Maryland.

Address

May 6, 1948

(Date rec'd by registrar)

Short Powers

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland.

County

Washington

City or town Rural R.D. # 2 Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. near Cearfoss, Maryland.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

May

3

1948

a.m.

m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...

to

19...

and that I last saw h..... alive on

19...

Immediate cause of death

DURATION

Mitral stenosis

& insufficiency

Due to

chr. myocarditis

Due to

acute myocardial congestive

failure grade iv

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

no

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

No

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

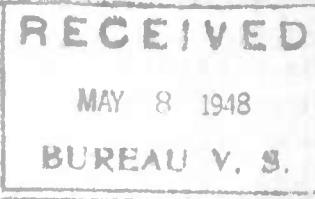
S. Robert Wells DEPUTY MEDICAL EXAM.

WASH. CO., MD.

R.D.

Hagerstown, Md. Date signed 5/4/48

Address



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 302638
05465

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County WASHINGTONCity or town HAGERSTOWN

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 DAYSHospital, Institution, or street address where death occurred: WASHINGTON COUNTY HOSPITALHow long in hospital or institution? 9 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WASHINGTONCity or town LEITERSBURG

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) Is veteran, name war. AIR-VET

3.(a) FULL NAME

MARY MAGDALENE

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

FEMALE WHITE WIDOWED6.(b) Name of husband or wife COLENS W. MYERS7. Birth date of deceased (mo., day, yr.) SEPT. 26 1870

6.(c) If alive, give age years

8. AGE: Years 77 Months 7 Days 17 If less than one day

hrs. _____ min.

9. Birthplace LEITERSBURG, WASH., MD.

(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name JACOB HOVIS13. Birthplace CARLISLE, PA.14. Maiden name HENNETTE, MINER15. Birthplace MARYLAND16. Informant Mrs. L. J. StilesAddress 218 Hager St. Daughter17. Burial Date thereof 5/16/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Leitersburg CemeteryLocation Washington County, Md.18. Funeral director W. D. HorowitzAddress Hagerstown, Md.19. Date rec'd by registrar May 14, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WASHINGTONCity or town LEITERSBURG

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) Is veteran, name war. AIR-VET

3.(b) Social Security Number

MYERSNONE

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 13th 1948 to May 13th 1948and that I last saw her alive on May 13th 1948Immediate cause of death Myopathy and Heart DiseaseGeneral Malnutrition

Due to _____

Due to _____

Other conditions Bronchitis pneumonia14 days

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____ PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ City or town _____ County _____ State _____

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Mary P. Breiman M. D. SurgeonAddress Hagerstown, Md. Date signed May 14, 1948

RECEIVED
MAY 17 1948
BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Porterfield

05416

CERTIFICATE OF DEATH

Reg. Dist. No. 303

94a

1. PLACE OF DEATH:
County Washington
City or town Rural Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 Years
Hospital, Institution, or street address where death occurred:
Hagerstown R#2
How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural Hagerstown R#2
(If outside city or town limits, write RURAL and give nearest town)
Street No. Greencastle Pike
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME
MRS MARY SUSAN NEEDY

3. (b) Social Security Number
None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Female	White	Widowed		
6.(b) Name of husband or wife		John E. Needy		
7. Birth date of deceased (mo., day, yr.)		6.(c) If alive, give age --- years		
		February 2, 1876		
8. AGE:	Years	Months	Days	If less than one day
	72	3	22	hrs. min.

9. Birthplace Williamsport, Washington Co. Md.
(Town, county, and state)

10. Usual occupation Housewife
11. Industry or business Own Home
12. Name James Barnes
13. Birthplace Marlowe W. Va.
14. Maiden name Anna Hakbach
15. Birthplace Hagerstown Md.
16. Informant J. E. S. Needy
Address R#2 Hagerstown Md.

17. Burial Date thereof 5/26/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown Md.

May 24, 48 Death Board
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 1948, to May 24 1948 and that I last saw her alive on May 23 1948.

Immediate cause of death Coronary thrombosis

DURATION 5/14/48

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D.
M. D. or other
Address 136 W Washington Date signed 5/24/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05417

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington
 City or town Sear Mar ' Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

Salisbury Memorial Home

How long in hospital or institution? 6 years

3. (a) FULL NAME

William Henry Nichols

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife Amanda Brook Nichols

7. Birth date of deceased (mo., day, yr.)

July - 16 - 1859

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

88

9

20

hrs.

min.

9. Birthplace Sampson Mason Wash. Co. Md.
(Town, county, and state)

10. Usual occupation.

Retired Farmer

11. Industry or business

12. Name Emanuel Nichols

13. Birthplace Sampson Mason Wash. Co. Md.

14. Maiden name Mahala Brown

15. Birthplace Brownsville Wash. Co. Md.

16. Informant Mrs. C. A. Martin

Address Maryland apt. Wayington Md.

17. Burial Date thereof May 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain View Cemetery

Location Sharpshooter Md.

18. Funeral director T. W. Bart & Sons

Address Bonnerose Md.

19. May 8, 1948 John H. Best
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Eagles Mill
(If outside city or town limits, write RURAL and give nearest town)Street No. Kendysville Md. R. I.
(If rural, give LOCATION)

2.(a) If veteran, name war no.

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948 at 11:51 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 6 1948 to May 6 1948
and that I last saw him alive on May 6 1948

Immediate cause of death

Heart angina.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

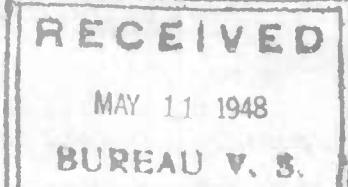
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G.W. Liban M.D. M. D. or other
Address Rosedale Date signed 5/16/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05488

CERTIFICATE OF DEATH

Reg. Dist. No. 302

83X

1. PLACE OF DEATH:
County Washington
City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:
26½ East Franklin Street

How long in hospital or institution?

3. (a) FULL NAME
Martha J. Norris

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Married
------------------	---------------------------	---

6. (b) Name of husband or wife
Charles W. Norris

7. Birth date of deceased (mo., day, yr.)
April 1, 1894

8. AGE: Years 54 Months 1 Days 28 It less than one day
hrs. min.

9. Birthplace
Garret County, Maryland
(Town, county, and state)

10. Usual occupation
Home duties

11. Industry or business

MOTHER FATHER	12. Name Frances M. Durey
	13. Birthplace Unknown
	14. Maiden name Unknown
	15. Birthplace

16. Informant
Mrs. May Rubeck
Address 408 W. Washington St. Hagerstown

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 2, 1948
Cemetery or crematory Rose Hill Cemetery

Location
Hagerstown, Maryland

18. Funeral director
Fred W. Kraiss
Address Hagerstown, Maryland

19. Date rec'd by registrar
June 4, 1948
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)
Street No. 26 ½ East Franklin St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
None

MEDICAL CERTIFICATION E.D.T.

20. DATE OF DEATH May 29, 1948 19 54 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19. and that I last saw h. alive on 19.

Immediate cause of death

Generalized vascular
arteriosclerosis

Due to cerebral thrombosis 3 wks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations No Date of op.

Autopsy results No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Robert Wells DEPUTY MEDICAL EXAMINER
WASH. CO., MD.

Address Regentwood, Md. Date signed 6/1/48

RECEIVED

JUN 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

65409

306

Reg. Dist. No.

21
M2
S

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH

County Washington
City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Fitzhie Hospital

How long in hospital or institution?

6 months 4 days

3. (a) FULL NAME

William E. O'Brien

4. Sex M 5. Color or race Th 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 20 - 1872

6. (c) If alive, give age years

8. AGE: Years 75 Months 8 Days 9 If less than one day hrs. min.

9. Birthplace Baltimore

(Town, county, and state)

10. Usual occupation

11. Industry or business Anbman

12. Name

13. Birthplace Baltimore

14. Maiden name

15. Birthplace

16. Informant Hospital Secy.

Address Casey Fitzhie Md

17. Burial Date thereof June 2 - 48

(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Salt Lake City

Location Baltimore Md

18. Funeral director M. J. O'Brien Son

Address Sharmoor Md

19. May 31 1948 (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 2106 E Madison St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9/20/1947 to 5/29/1948

and that I last saw him alive on 5/29/48

Immediate cause of death

Anal Cervical Carcinoma

ear and face

(Recurrent)

Due to

Due to

Other conditions Arterio sclerous

generalized

(Include pregnancy within 3 months of death)

Major findings of operations Anal Cervical Carcinoma

Date of op. 1944-1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

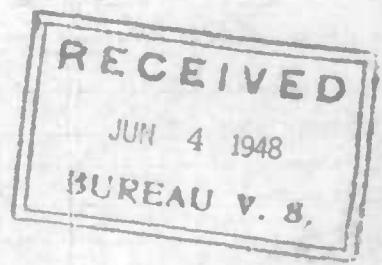
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work

23. SIGNATURE J. M. E. 3/29/48 M. D. or other

Address Fitzhie Hospital Date signed 3/29/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Hours

Hospital, institution, or street address where death occurred:

Wash. Co. Hospital
4 Hours

How long in hospital or institution?

3. (a) FULL NAME

HARRY ELLSWORTH PANGLE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Bertha E. Pangle

7. Birth date of deceased (mo., day, yr.) November 24, 1885
6.(c) If alive, give age 62 years

8. AGE: Years Months Days If less than one day
62 5 17 hrs. min.

9. Birthplace Front Royal, Warren Co. Virginia
(Town, county, and state)

10. Usual occupation Fireman

11. Industry or business Fairchild Corp.

MOTHER FATHER 12. Name Charles H. Pangle

13. Birthplace Strausburg Va.

14. Maiden name Laura Ramsey

15. Birthplace Urbana, Ohio

16. Informant Mrs. Bertha Pangle

Address Hagerstown Md.

17. Burial Date thereof 5/14/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Washington Co. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

May 14, 1948
(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ditto

05418
302

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 153 Alexander St.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

219-14-9987

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 11 1948 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 11-48 1948 to May 11-48 1948

and that I last saw him alive on May 11-48 1948

Immediate cause of death

Coronary Friction

(Coronary Occlusion)

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

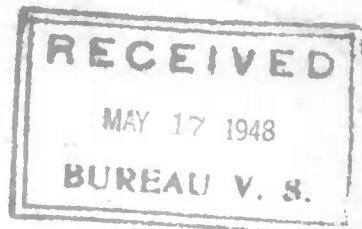
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. S. Coffman

M. D. or other

Address Signature Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05411

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County.....
 City or town..... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, Institution, or street address where death occurred:
 920 Oak Hill Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 920 Oak Hill Avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

Clara E. Patterson

NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife.....

5.(c) If alive, give age..... years

7. Birth date of deceased (mo. day, yr.) February 28, 1853

8. AGE: Years Months Days If less than one day
95 2 25 hrs. min.9. Birthplace Hollidaysburg, Pa.
(Town, county, and state)

10. Usual occupation Retired Teacher

11. Industry or business

MOTHER FATHER	12. Name	George Patterson
	13. Birthplace	Hollidaysburg, Pa.

MOTHER	14. Maiden name	Anne Barr
	15. Birthplace	Chester County, Pa.

16. Informant Miss Marguerite Campbell

Address Hagerstown, Maryland

17. Burial Date thereof 5-25-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hollidaysburg Cemetery
Location Hollidaysburg, Pa.

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

May 24, 1948
(Date rec'd by registrar) *Charles Edward*
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1948 at 9:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18, 1948, to May 23, 1948, and that I last saw him alive on May 23, 1948.

Immediate cause of death

Tubercle-pneumonia

DURATION

5 days

Due to

Due to

Generalized arterio-sclerosis.

10 years

(Include pregnancy within 8 months of death)

Major findings at operation

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *R. B. Journeay M.D.*

M. D. or other

Address Hagerstown, Md. Date signed May 24, 1948

b7c



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05412

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Funkstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, Institution, or street address where death occurred:

Main Street

How long in hospital or institution?

3. (a) FULL NAME

Ida M. Peters

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

Charles Peters

6.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

June --- 1857

8. AGE:

90 Years Months 11 Days -- If less than one day hrs. min.

9. Birthplace

Carlisle, Pa.

(Town, county, and state)

10. Usual occupation

Home Duties

11. Industry or business

MOTHER FATHER

12. Name Bixler

13. Birthplace Penn.

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs. Ellen Iseminger

Address Funkstswn, Md.

17. Burial Date thereof June 30, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory Ashland Cemetery

Location Carlisle, Pa.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. May 30, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Funkstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. Main Street

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1948 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1948 to May 29, 1948

and that I last saw her alive on May 27, 1948

Immediate cause of death

My persistent cardiac disease -
ocular disease.

Due to

Due to

Other conditions

None

(Include pregnancy within 8 months of death)

Major findings at operation Dr. operating

Date of op.

Autopsy results Dr. autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

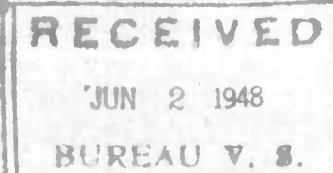
Means of injury

Injured at work?

23. SIGNATURE

Address Hagerstown, Md. Date signed 5/29/48

M. D. _____



I

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05413

CERTIFICATE OF DEATH

46d
302

Reg. Dist. No.

1. PLACE OF DEATH:

Washington

County.....

Hagerstown

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

2 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

1915 Virginia Ave.

How long in hospital or institution?

3. (a) FULL NAME

Henry W. Powers

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widowed

6.(b) Name of husband or wife

Samantha J. Powers

7. Birth date of deceased (mo., day, yr.)

April 12, 1861

6.(c) If alive, give age

years

8. AGE: Years

Months

Days

If less than one day

87

0

20

hrs.

..... min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

None

11. Industry or business.....

None

MOTHER

FATHER

12. Name.....

Elmer Powers

13. Birthplace.....

Dodridge Co. W.Va.

14. Maiden name.....

Minerva Mc.Quain

15. Birthplace.....

Dodridge Co. W.Va.

16. Informant.....

Elmer Powers

Address.....

Elkins W.Va.

17. Removal

Date thereof.....

May 3, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Maplewood Cemetery

Location.....

Elkins W.Va.

18. Funeral director.....

Scott F. Minnich & Son

Address.....

Hagerstown Md.

19.

(Date rec'd by registrar)

May 3, 1948

Signature.....

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County.....

Washington

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

1915 Virginia Ave.,

Street No.....

1 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

I May 2

1948 11:40p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5 March

1948

to 2 May

1948

and that I last saw him alive on 30 Apr.

1948

Immediate cause of death.....

Carcinoma of Rectum

DURATION

2 mo +

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

My

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

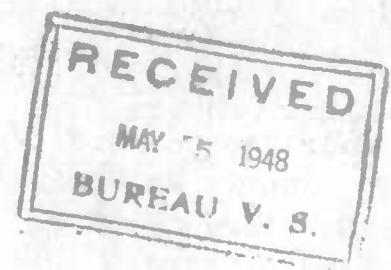
J. J. Husby

M. D. or other

Address.....

2307 Potowmack

Date signed. 3 May 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05414
302

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 24 Years
 Hospital, institution, or street address where death occurred:
 427 Mechanic Street
 How long in hospital or institution?

3. (a) FULL NAME Mattie Lou Ragland

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Peter P. Ragland

7. Birth date of deceased (mo., day, yr.) March 4, 1890
 6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day
 58 2 8 hrs. min.

9. Birthplace Buckingham Co., Va.
 (Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business Louis Via

FATHER 12. Name Louis Via
 13. Birthplace Buckingham Co., Va.

MOTHER 14. Maiden name Mattie Lou

15. Birthplace Buckingham Co., Va.

16. Informant Harry W. Ragland

Address 427 Mechanic St. Hagerstown, Md.

17. Burial Date thereof May 15-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

May 15, 1948 Chaett Powers
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 427 Mechanic St.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number None

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 12, 1948 19 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10, 1948, to May 12, 1948
 and that I last saw her alive on May 11, 1948

Immediate cause of death

Coronary Thrombosis DURATION 1/2 hour

Due to.....

Due to.....

Other conditions grippe chronic bronchitis 200g year
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

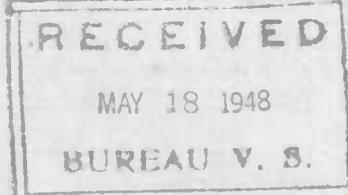
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Dayton, M.D.

M. D. or other

Address Hagerstown, Md. Date signed May 15, 1948



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05415
186a

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 1 week

3. (a) FULL NAME

Lyman H. Reamer

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widower

6.(b) Name of husband or wife

Julia E. Wingert

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age years

June 13, 1863

8. AGE:

Years

Months

Days

If less than one day

about 84

11

4

hrs.

min.

9. Birthplace

Hagerstown, Wash. Co., Md.
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

12. Name J. David Reamer

13. Birthplace Hagerstown, Maryland

14. Maiden name

Isabella Bowman

15. Birthplace

Unknown

16. Informant

C. Howard Kretzer

Address

Hagerstown, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5-19-48

(month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

C. M. Suter & Sons

Address

Hagerstown, Maryland

19. Date rec'd by registrar

May 19, 1948

Signature of Registrar

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 118 South Prospect Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

EST

20. DATE OF DEATH

May 17

1948 at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 12-1948 to May 17-1948

and that I last saw him alive on May 17-1948

Immediate cause of death

Central Hemorrhage - Traumatic (Fall) ?

Due to

Arteriosclerosis - General - ?

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 5/12/48

Where did injury occur? Hospital Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

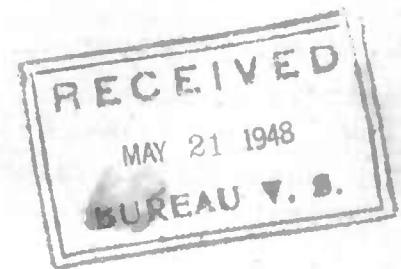
Means of injury Fall in bedroom Injured at Work?

23. SIGNATURE

Signature of Physician M. D. or other

Address

Date signed 5/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

05416

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Coal Hollow Rd., Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 years

Hospital, institution, or street address where death occurred:

Hagerstown Md. R. 3.

How long in hospital or institution? 42 years

3. (a) FULL NAME

Florence Jeanette Reeder

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

John H. Reeder

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

March 29 - 1859

8. AGE:

Years 89

Months 1

Days 23

If less than one day hrs. min.

9. Birthplace

Rockbury Wash Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Bee Honey

MOTHER FATHER

12. Name

Benjamin South

13. Birthplace

Wash. Co. Md.

14. Maiden name

Margaret Young

15. Birthplace

Wash. Co. Md.

16. Informant

John H. Reeder

Address

Hagerstown Md. R. 3.

17. Burial

Burial

(Burial, cremation, or removal. Which?)

Bonsbars Cemetery

Cemetery or crematory

Bonsbars Md.

Location

Troy J. Bart & Sons

18. Funeral director

Bonsbars Md.

Address

Bonsbars Md.

19. Date reg'd by registrar

May 26, 1948 John H. Bart

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Coal Hollow Road Rural

Street No. Hagerstown Md. R. 3.

(If rural, give LOCATION)

2.(a) If veteran, name war

No

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 22 1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

1-1-48 19 to 5-22-1948

and that I last saw her alive on 5-20-48 19

Immediate cause of death

Cardio-Vascular Disease

Due to

General arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Hagerstown Md. Date signed May 26, 1948

RECEIVED
MAY 28 1948
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

015417

CERTIFICATE OF DEATH

46d
302

Reg. Distr. No.

1. PLACE OF DEATH: Washington
 County.....
 City or town..... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
 4 Fourth Street (East)
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4 Fourth Street (East)
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

William O. Reese

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife..... Mary Reese

7. Birth date of deceased (mo., day, yr.) July 29, 1882

8. AGE: Years	Months	Days	If less than one day
65	10	2	hrs. min.

9. Birthplace..... Chambersburg, Pa.
 (Town, county, and state)

10. Usual occupation..... Truck Driver

11. Industry or business.....

12. Name..... James H. Reese

13. Birthplace..... Chambersburg, Pa.

14. Maiden name..... Annie Daywalt

15. Birthplace..... Chambersburg, Pa.

16. Informant..... Wayne Reese

Address..... Hagerstown, Maryland

17. Burial..... Date thereof..... 6-2-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rose Hill Cemetery
 Location..... Hagerstown, Maryland

18. Funeral director..... C. M. Suter & Sons

Address..... Hagerstown, Maryland

June 1, 1948 Chester Powers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 31, 1948 at 2:30 P.M.
 Left 30 to Aug 31, 1948

and that I last saw him alive on May 29, 1948

Immediate cause of death..... Carcinoma Recto-Sigmoid Junction

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

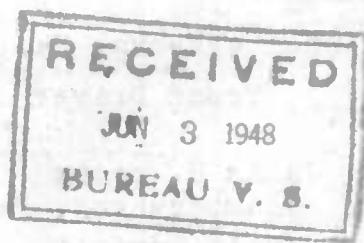
Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURES

Chas. Powers, M.D.
 Hagerstown, Md. M. B. or other
 Address..... Date signed..... 6/1/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

05418
3 00

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Washington
City or town Rural Bakersville Md.
(If outside city or town limits, write RURAL and give nearest town)

42 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3.(a) FULL NAME

Wilber Skelton

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widowed

6.(b) Name of husband or wife

Mary Bell Skelton

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Feb. 17 1871

8. AGE: Years

Months

Days

If less than one day

77

3

13

hrs.

min.

9. Birthplace

Bakersville Md. Washington

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farmer

MOTHER FATHER

12. Name

Not Known

13. Birthplace

14. Maiden name

Mary Bell Skelton Davis

15. Birthplace

Elkton W.V.A.

16. Informant

Mrs J.C. Gorwell

Address

St. James Md.

17. Burial

Date thereof. MAY 15 1948

(Burial, cremation, or removal. Which?)

(Month) (day) (year)

Cemetery or crematory

Bakersville

Location

Near Sharpsburg Md. R.F.D. 1.

18. Funeral director

Edith V. Leaf

Address

Williamsport Md.

19. 57 3

19 48

Egg Bay

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural Bakersville Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural Near Sharpsburg Md.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

5/12/48

19

11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5/11/48

19

to

5/12/48

19

and that I last saw him alive on

19

to

19

Immediate cause of death

Coronary Occlusion Cardiac

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

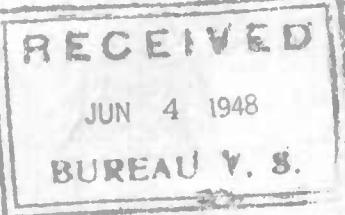
Means of injury

Injured at work?

23. SIGNATURE

R. L. Young M. D. or other

Address Williamsport Md. Date signed 5/13/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1310 05419 302
Reg. Dist. No.

1. PLACE OF DEATH: Washington
 County.....
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 15 years
 Hospital, Institution, or street address where death occurred: Washington County Hospital
 How long in hospital or institution?..... 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 142 W. Bethel St.
 (If rural, give LOCATION)

3. (a) FULL NAME
 Marie Smith

3. (b) Social Security Number
 None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife James Smith
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) March 29, 1911
 8. AGE: Years Months Days If less than one day
 37 1 10 hrs. min.

9. Birthplace Florence, South Carolina.
 (Town, county, and state)

10. Usual occupation.....
 11. Industry or business
 FATHER 12. Name..... Jasper Taylor
 13. Birthplace South Carolina
 MOTHER 14. Maiden name..... Anna Adams
 15. Birthplace Robinson, North Carolina
 16. Informant Mrs. Anna Taylor
 Address 2028 Cleveland Ave. Charolette,

17. Burial Date thereof May 15, 1948
 (Burial, cremation, or removal. Which?) Cemetery or crematory Mount Hope Cemetery

Location Florence, South Carolina
 18. Funeral director Fred W. Kraiss.
 Address Hagerstown, Md.

19. Mag. 11. 1948 Ghaff Howard
 (Date rec'd by registrar) Registrars

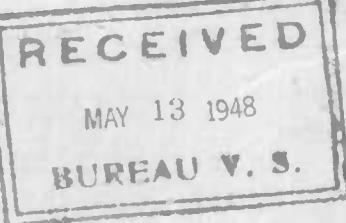
MEDICAL CERTIFICATION
 2D. DATE OF DEATH May 9, 1948 10:40 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 6 my 1948 to 9 my 1948
 and that I last saw h. r. alive on 9 my 1948
 Immediate cause of death Cancer Decays
 DURATION _____
 Due to _____
 Due to _____
 Other conditions - Renal Arteritis
 Renal Cerebrals
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. _____

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 N. C.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of _____
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury _____ Injured at work?

23. SIGNATURE C. H. Jackson M.D.
 M. D. or other
 Address H. Jackson Date signed 5/11/48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

05420

301

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington
County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 15 years

Hospital, institution, or street address where death occurred:
Died on way to hospital

How long in hospital or institution?.....

3. (a) FULL NAME

Andrew Hager Spielman

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife **Sallie M. Spielman**

7. Birth date of deceased (mo., day, yr.) **October 22, 1879**

6.(c) If stills, give age..... 72 years

8. AGE: Years Months Days If less than one day

68 7 6 hrs. min.

9. Birthplace **Hagerstown, Wash. Co. Md.**
(Town, county, and state)

10. Usual occupation **Railroad Agent**
N. & W. Railroad

11. Industry or business

12. Name **Edward B. Spielman**

13. Birthplace **Williamsport, Maryland**

14. Maiden name **Julia Hager**

15. Birthplace **Hagerstown, Maryland**

16. Informant **Thomas Spielman**

Address **Hagerstown, Maryland**

17. Burial Date thereof **5-30-48**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Rose Hill Cemetery**
Location **Hagerstown, Maryland**

18. Funeral director **C. M. Suter & Sons**

Address **Hagerstown, Maryland**

19. Date record by registrar **May 30 1948** Name: **E. Luke Elson**
(Date record by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Washington**

City or town **St. James**
(If outside city or town limits, write RURAL and give nearest town)

Street No. **.....**
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

719-05-6472

MEDICAL CERTIFICATION

20. DATE OF DEATH **May 28** 1948 at 10:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 3** 1948 to **May 28** 1948

and that I last saw him alive on **May 28** 1948

Immediate cause of death **Decreased ability to care for self**

Decreasing consciousness

Due to **.....**

Due to **.....**

Other conditions **.....**
(Include pregnancy within 8 months of death)

Major findings of operations **.....**

Date of op. **.....**

Autopsy results **.....**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **.....** Date of **.....**

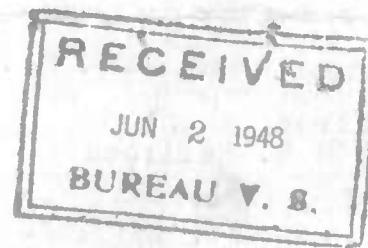
Where did injury occur? **.....** (City or town) **.....** (County) **.....** (State) **.....**

Injured at home, farm, industry, public place (where?) **.....**

Means of injury **.....** Injured at work? **.....**

23. SIGNATURE **John J. Hagerman** M. D. or other **.....**

Address **Wellington Street, Md.** Date signed **May 29 1948**



Dr. Zimmerman

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05421

CERTIFICATE OF DEATH

61
Reg. Diat. No. 302

1. PLACE OF DEATH:

County

WASHINGTON

City or town

HAGERSTOWN

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

45 yrs.

Hospital, institution, or street address where death occurred:

828 CHESTNUT STREET

How long in hospital or institution?

3. (a) FULL NAME

MINNIE GERTRUDE

4. Sex

FEMALE

5. Color or race

WHITE

6.(a) Single, married, widowed, or divorced

MARRIED

HARRY C.

6.(b) Name of husband or wife

64 years

7. Birth date of deceased (mo., day, yr.)

OCTOBER 18, 1884

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

. hrs. . min.

9. Birthplace

RURAL WASHINGTON, MD

(Town, county, and state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name

JACOB T. PITNOGLE

13. Birthplace

MARYLAND

14. Maiden name

ANNA E. GOSSARD

15. Birthplace

MARYLAND

16. Informant

Jacelyne Springer (Daughter)

Address

842 S Potomac St

17. Burial, cremation, or removal, Whch?

Burial Date thereof 5/23/48

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Md.

18. Funeral director

J. T. Torment

Address

Hagerstown, Md.

19. Date rec'd by registrar

May 22, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WASHINGTON

City or town HAGERSTOWN

(If outside city or town limits, write RURAL and give nearest town)

Street No. 828 CHESTNUT STREET

(If rural, give LOCATION)

2.(a) If veteran, name war

NON-VET

3. (b) Social Security Number

NONE

SPINGER

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 21, 1948 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on May 21, 1948

Immediate cause of death

Obstet Hemorrhage

DURATION

3 days

Due to

Due to

Diabetes mellitus

Hypertension

Hyperthyroidism

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

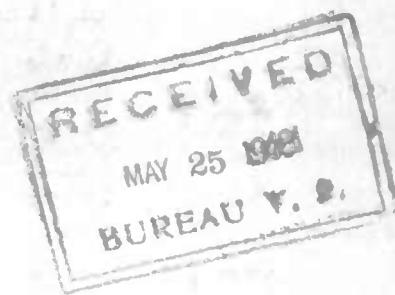
23. SIGNATURE

M. D. or other

Address

May 22, 1948

Date signed



~~M~~
PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05422

CERTIFICATE OF DEATH

1624
302

Reg. Dist. No.

1. PLACE OF DEATH: Washington
County.....
Middleburg

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Mary A. A. Stotler

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
--------	------------------	---

Female	White	Widowed
--------	-------	---------

6.(b) Name of husband or wife	Victor D. Stotler
-------------------------------	-------------------

7. Birth date of deceased (mo., day, yr.)..... March 21, 1860

8. AGE: Years Months Days If less than one day
88 2 6 hrs. min.

9. Birthplace..... Wolfsville Frederick Co. Md.
(Town, county, and state)

10. Usual occupation..... None

11. Industry or business..... None

12. Name..... Daniel Blickenstaff
13. Birthplace..... Unknown

14. Maiden name..... Mary P. Hoover
15. Birthplace..... Unknown

16. Informant..... Mrs. George Miller
Address..... Middleburg Md.

17. Burial..... Date thereof..... May 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Beaver Creek Cemetery
Location..... Beaver Creek Md.

18. Funeral director..... Scott F. Minnich & Son
Address..... Hagerstown Md.

19. Date rec'd by registrar..... May 30, 1948
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Washington
Middleburg

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 27 1948 at 5:30 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Oct 1, 1947, to May 27, 1948,

and that I last saw her alive on May 22, 1948.

Immediate cause of death.....

Sanity - no other
Cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

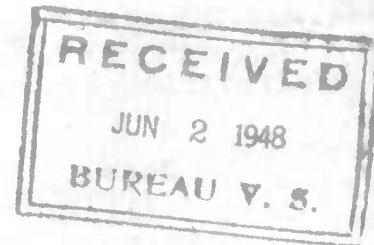
Means of injury.....

Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Hagerstown Md. Date signed..... May 30, 1948

Registrar



Evidence for addition of
birth place shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FHM No. G 116 JUL 2 1948 CERTIFICATE OF DEATH

94a
05423
307
Reg. Dist. No.

1. PLACE OF DEATH:

County

Washington

City or town

Brownsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 days

Hospital, Institution, or street address where death occurred:

Main St.

How long in hospital or institution?

at Home

3. (a) FULL NAME

Clyde Stover - (Clyde B. Stover)

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Adelaide Stover

7. Birth date of deceased (mo., day, yr.)

Oct 17 1873

6. (c) If alive, give age..... years

8. AGE:

Years Months Days If less than one day

74 6 20

hrs. min.

9. Birthplace

(Georgetown) Washington, Md.

(Town, county, and state)

10. Usual occupation

Gethsby College.

(Retired)

11. Industry or business

Daniel Stover

12. Name

Mother FATHER

13. Birthplace

Washington, Md.

14. Maiden name

Olivia Bell

15. Birthplace

Washington, Md.

16. Informant

Mrs. Adelaide Stover

Address

313 n. Stratton St. Gettysburg Pa.

17. Burial

Date thereof May 10, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Gettysburg Cemetery

Location

Gettysburg, Penns

18. Funeral director

Milton Bender

Address

125 Carlisle St. Gettysburg Penns

19. Date reg'd by registrar

May 10, 1948 (Date reg'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County Adams

City or town Gettysburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. 313 n. Stratton St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 7, 1948 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 7, 1948 to May 7, 1948

and that I last saw him alive on May 7, 1948

Immediate cause of death

Coronary Occlusion

DURATION

15 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

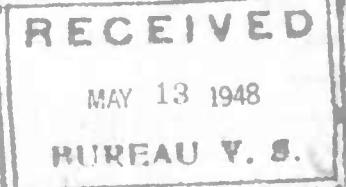
Means of injury

Injured at work?

23. SIGNATURE

J. Herbert Kade, M.D.
M. D. another

Address Barnesboro - Md. Date signed 5/7/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d
05424

302

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Washington

City or town..... Funkstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 54 years

Hospital, institution, or street address where death occurred:..... Funkstown, Maryland

How long in hospital or institution?.....

3. (a) FULL NAME

James Waugh

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced

Male..... White..... Widower

6.(b) Name of husband or wife..... Mary E. Waugh

7. Birth date of deceased (mo., day, yr.)..... October 11, 1869

6.(c) If alive, give age..... years

8. AGE: Years..... 78 Months..... 7 Days..... 14 If less than one day..... hrs..... min.....

9. Birthplace..... Hagerstown, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation..... Retired

11. Industry or business

12. Name..... James W. Waugh

13. Birthplace..... Hagerstown, Maryland

14. Maiden name..... Margaret Fry

15. Birthplace..... Wolfsville, Maryland

16. Informant..... Mrs. Margaret Hull

Address..... Finkstown, Maryland

17. Burial..... Date thereof..... 5-27-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Funkstown Cemetery

Location..... Funkstown, Maryland

18. Funeral director..... C. M. Suter & Sons

Address..... Hagerstown, Maryland

May 27, 1948
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Funkstown
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION D. S.T.

20. DATE OF DEATH..... May 25 1948 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 1948 to May 25 1948 and that I last saw him alive on May 23 1948

Immediate cause of death.....

Cerebral hemorrhage

Due to..... Hypertensive Cardiac
vascular disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

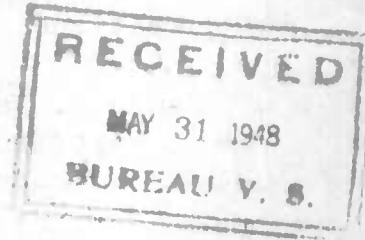
Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other
Address..... Debry Worcester Esq
Duboiswood, Pa 17518
Date signed..... May 27, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05426

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County: Hagerstown
 City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 yrs
 Hospital, institution, or street address where death occurred: Washington County Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington
 City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)
 Street No.: 126 W Church Street (If rural, give LOCATION)

3. (a) FULL NAME

Ada Carey Welchem

3. (b) Social Security Number

4. Sex: Female 5. Color or race: Negro 6. (a) Single, married, widowed, or divorced: Widow

6. (b) Name of husband or wife: Frank Welchem

7. Birth date of deceased (mo., day, yr.): 1883 8. (c) If alive, give age: years

8. AGE: Years: 65 Months: Days: If less than one day: hrs: min:

9. Birthplace: Hagerstown, Wash. Md. (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

MOTHER FATHER: 12. Name: Edward Carey
 13. Birthplace: Hagerstown, Md

MOTHER: 14. Maiden name: Mary Chisley
 15. Birthplace: Hagerstown, Md

16. Informant: Mr. Harry Grant
 Address: 337 N Jonathan St

Burial: Rose Hill Cemetery Date thereof: 5/8/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory: Hagerstown, Md.

Location: William H. Danner

18. Funeral director: William H. Danner

Address: 291 Frederick St Hagerstown

May 8, 1948 Chelf Powers
 (Date rec'd by registrar) Registrars

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5 1948 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1948 to May 5 1948 and that I last saw her alive on May 4 1948

Immediate cause of death: Pleuro Pneumonia - General Lung - DURATION 5 days
Pulmonary infection - 1 hr.

Due to:

Due to:
I
Other conditions: Osteoarthritis - spine

(Include pregnancy within 3 months of death)
I

Major findings of operations: as above Date of op. as above

Autopsy results: as above PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where)?

Means of injury: Injured at work?

23. SIGNATURE: Ada Carey Welchem M. D. or other as above

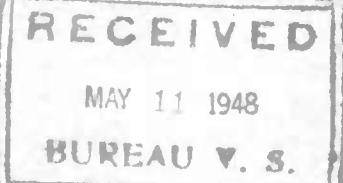
Address: 337 N Jonathan St Date signed 5/9/48

MARGIN RESERVED FOR BINDING

I

9-45-15

VS A15 PLEASE WRITE PLAINLY, WITH NONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The current age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05427

CERTIFICATE OF DEATH

131a
Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 24 years
 Hospital, institution, or street address where death occurred:
 23 Westside Ave.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 Maryland County Washington
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 23 Westside Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME Martha Helen Williar

3. (b) Social Security Number
 219-20-0965

4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Married
Harry F. Williar		

6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) July 10 1904
 6.(c) If alive, give age 57 years

8. AGE: Years Months Days If less than one day
 43 9 26 hrs. min.

9. Birthplace..... Thurmont Frederick Co. Md.
 (Town, county, and state)

10. Usual occupation..... House Wife
 Own Home

11. Industry or business..... Jacob H. Davis

12. Name..... Thurmont Md.

13. Birthplace..... Fannie May Weddle

14. Maiden name..... Thurmont Md.

15. Birthplace..... Harry Franklin Williar

16. Informant..... Address Hagerstown Md.

17. Burial Date thereof..... May 9, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... United Brethren Cemetery

Location..... Thurmont Md.

18. Funeral director..... Scott F. Minnich & Son

Address..... Hagerstown Md.

19. Date rec'd by registrar..... May 8, 1948
 (Date rec'd by registrar) 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948 at 1 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-15-1948 to 5-6-1948
 and that I last saw her alive on 5-3-48

Immediate cause of death..... Cardiac - Renal Disease
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

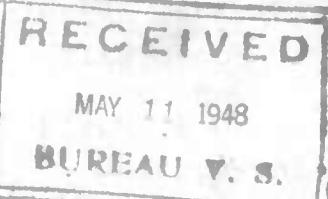
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE..... M. D. or other.....
 Address..... Hagerstown Md. 5634 Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line corrections
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

49a 05428

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:
512 Salem Avenue

How long in hospital or institution?

3. (a) FULL NAME

Victoria S. Willson

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Married

6.(b) Name of husband or wife

Charles E. Willson

7. Birth date of deceased (mo., day, yr.)

March 29, 1888

6.(c) If alive, give age 61 years

8. AGE:

Years

Months

Days

If less than one day

60

1

16

hrs.

min.

9. Birthplace

Taneytown, Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

George A. Shoemaker

12. Name

Taneytown, Maryland

13. Birthplace

Laura V. Martin

14. Maiden name

Taneytown, Maryland

15. Birthplace

16. Informant

Charles E. Willson

Address

Hagerstown, Maryland

Burial

17. (Burial, cremation, or removal. Which?)

Date thereof 5-18-48

(month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director

C. M. Suter & Sons

Address Hagerstown, Maryland

May 18, 1948
(Date read by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 512 Salem Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 15,

19

48

at 8:15 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 6, 1948 to May 15, 1948

and that I last saw her alive on May 15, 1948

Immediate cause of death

Cancer of left ovary

Secondary metastasis

Cancer of liver and lungs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

RB went to Agustown, Mt. M. D. or other

Address Date signed 5-18-48



MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Porterfield

2411 N. Charles St., Baltimore

1952

0542.1
302

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Weeks

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 3 Weeks

3. (a) FULL NAME

CHARLES WELTY WOLF

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Mary Reece

7. Birth date of deceased (mo., day, yr.)

June 9, 1890

6.(c) If alive, give age 55 years

8. AGE:

Years

Months

Days

If less than one day

57

11

4

hrs.

min.

9. Birthplace

Boonsboro, Washington Co. Md.

(Town, county, and state)

10. Usual occupation Lawyer

11. Industry or business

12. Name John Wolf

13. Birthplace Boonsboro, Md.

14. Maiden name Nellie R. Fahnney

15. Birthplace Boonsboro, Md.

16. Informant Mary R. Wolf

Address Hagerstown Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5/15/48

(month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. May 15, 1948 G. Scott Boardman

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1158 Hamilton Blvd.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12

19. 48, at 10:25 AM P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h... alive on

Immediate cause of death

Thrombosis of pulmonary artery

DURATION

1 hr.

xx Fractured skull

21 d.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4/21/48

Where did injury occur Hagerstown Wash. Md.

(City or town) (State)

Injured at home, farm, industry, public place (where?) received injuries in Public Square

Means of injury street scuffle Injured at work? No

DEPUTY MEDICAL EXAMINER

Robert Wells WASH. CO., MD.

M. D.

Address Hagerstown, Md. Date signed 5/15/48

